10604

10611

CERTIFICATE OF DEATH

1000

	TOOTI	GERTIN 107	TIE OI DEATH		Reg. Dist. No.	
1. PLACE OF DEATH o. COUNTY	ASHINGTON	MARYLAND	2. USUAL RESIDENCE (WI O. STATE MARYL	AND b. COUNT	ution: Residence before odm	ission) N
P. CITY OR TOWN (III	outside carporate limits, write	60 YRS.	c. CITY OR TOWN (IF a	TOWN	RURAL and give nearest to	wn)
d. NAME OF HOSPITAL WASHINGTO	. (If not in hospital, give street N COUNTY HO		d. STREET ADDRESS 418 S. P	OTOMAC ST.	ON	A FARM?
3. NAME OF DECEASED (Type or print)	HAZEL First	Middle ELIZABETH	BAKER	DEATH SEPTE		Year 19 58
5. SEX FEMALE	WHITE WIDOW	RIED NEVER MARRIED X	8. DATE OF BIRTH 3/12/188	9. AGE (In year last birthday)	IF UNDER 1 YEAR IF UN Months Doys Hour	
during most of working RETIRED	(Give kind of work done 10b. a life even if relifed) INSPECTOR	SHOE FACTOR			U.S.A.	AT COUNTRY
13. FATHER'S NAME OLIVER	BAKER		SARAH	BYREM		
15. WAS DECEASED EVER	yes, give war or dotes of service)	SOCIAL SECURITY NO. 17. I	MRS. EVA H	OELLE HAC	FERSTOWN MD.	
PART I. DEATH	I (Enter only ane cause per li I WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO	ne for (o), (b), and (c).]	terinel		INTERVAL ONSET AN	BETWEEN ID DEATH
gave rise to immade cause (a), stating the lying cause last.	mediate (und a	1 sitere	rekros	und Ung	Kne
PART II. OTHER	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO BLATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE CONDITION G	PERI	S AUTOPSY FORMED?
	CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour o. m. p. m.	While	NJURY OCCURRED 20e. PL Not while k of work	ACE OF INJURY (Home, form ctory, street, office bldg., etc	20f. (City or town)	(County)	(Stote)
21. I certify that alive an	I attended the decease of 16 19 19 19 19 19 19 19 19 19 19 19 19 19	ed fram April, a, and that death	accurred at 3 38	ADDRESS (Street, city or town	and an the date sto	
PHYSICIAN'S NAME (Type)	L.L.Pa	icker 1	R HAZI	uton !	md	
220. BURIAL, CREMATION, BURTAL	22b. DATE THEREOF 9/18/58	ROSE HILL	CEM.	22d. LOCATION (City, town HAGERSTOV		ole)
23. FUNERAL DIRECTOR'S	SIGNATURE H	ADDRESS ALL ALL ALL ALL ALL ALL ALL ALL ALL A	240. REC'	P 1 0 150	GISTRAR'S SIGNATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death may be retain. By the haspital ar attending physician.

O FUNERAL:

CTOR: After this certificate has been signed by the attending physician and campletely filled in b page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, crematian, ar remaval, and in any event within 2 bourg after death. TO FUNERAL

Poge 4

VS A1S (4) 15M 9/SS

	30 10 30	CERTIFICA	Stont Sind
The Name			TOTAL THE A STATE OF THE STATE
		1.577 65 718.1	Maria de la companione
. Tal Sharpes !			
THE WAS			2.00
Her Male			
27			
			SEXAS SIVILE
	U SAMES	NAME OF THE PARTY	IN SHIP IN A PRINCE TO ME
	on to the door	August bill Tild	and some of the second of the
And the State of t	5 Palety		
			THE PART OF THE PARTY OF THE PA

FOR STATE HEALTH DEPT.

č	_	4	300	
. 93	0	Pa	EUG.	
×	9	C	1 te	ohe de-
0	5	0	20	8
P	-	0	01	D
>	he	4)	e	61
C	-	Ď	4010	4
	0	>	3	0
-	m	0	.=	50
_2	20	E	-	5
400	E	पा	-	É
37	0	e	9	3
Y	3	ė	0	
a		4		.7
944	1	·	152	Æ
0	6	3	-6	E
Ę	Ö	0	0	100
ō	0.	E	-	9
-6	80	8	-	8
2	'n	100	Ma	2
C	0	45		5
E	oó	E	-	C
1	-	-	E	0 000
3	5	30	9	Ď
P	0	0	C.L.	ō
39	=	0	37.	-
Ü	C	40	6	0
×	gran	£	re	0
40	Š	Ö	-	E
9	9	-	.0	5
70	0	-	5	-
5	.5	9	۵	0
ö	9	100	0	E.
520	C	5	20	0
0	프	×	-	ö
D	P	ш	9	E
	0	6	9.5	0
7	1	5	83	Ü
ē	773	Pa	ã.	
U	2	Z	TO	.0
3.5	8	-	3	5
1	(1)	.0	0	0
**	£	-45	S	0
LLI	pos	0	3	-
Z	2	2	0	0
3	-	400	00	G
A	5	0	0.	200
×	-	0	ä	è.
IM	0	9	ō	0
-	0	27	-	00
3	13	2	K	m
ž	4			0
13	8	Vipu	0	ō
Z	0	0	-	C
>	P.	2	4	31.0
-	40	P	20	0
2	16	5	7	0
H	0	20	5	11.5
0	×	60	14	Dan .
5 TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours of perdeath. If ony delay is ne	4)	4	TO FUNERAL D CTOR: Page 3 shauld be used as a buriol-transit permit. File pages 1 and 2 with the State Ba	0
7			-	
010		20		
VS	. A	151	ME	

-G	(8)	in the	0	2
7	. 2	.0	Ala	7
(A	O		_	2
C	_	-		ö
0 000		1 500	de	_
10 at	00	8	E	2
.2	Butte	Eth	200	_
-	50	č	0	Q
90	40	Ö	O.	2
(0)	4	-	do	0
5		U	100	-
Ü	C	43	C	0
0		0	0	>
25	200	4	Ship.	2
	2	0	-	15
- 0	En elle	0	0	0
73	ă.	95	E	
"0	-	ba	2	0
-	.5	0	Lilo	~
ñ		51	0	
2	:_	E	-	0
973	00	Ö	6	.~
43	.=	34	-	n
Ohn.	TO	ш	P	ĕ
- 2	C	_	0	E
2300	0	D	5	
100	- 611	U		Ü
She.	ě	Ö	9	
0	TO	0	J.	-
0	-	5	"D	0
65	0	-	-	De-
,20	3	100	20	20
- Bran	60	ë.	20	- Lide
0.0	£	-12	150	0
000	40m	V	m	40-10
쁘	(0)	m	.,	b
de	C	-52	0	0
~	46-	49-1	00	Bar
-4	. =	0	0	D.
~	3	-	Mu	
×	٠.	20	-:-	00
BAI	e)	ě	0	ë
	7	O	0	0
2	8	50	-	0
-	1.00	9	2	-
\simeq				137
0	Bas			400
ILLI	60	Van	0	0
3	-	623	-	2
-	0	9	-ul	0
>	all in	-	-	97
-	4	P	000	0
-	0	5	ш	O
a.	2	0	die	
4	20	20	5	+=
DEP	Kecul	sho	FU	11.5
DEP	execut	4 sho	FU	or its
O DEP	execut	4 sho	O FUR	or its
TO DEP	execul	4 sho	TO FUR	or its
TO DEP	execut	4 sho	TO FUR	or its
S TO DEP	> execut	ous 7	TO FUE	or its
S TO DEP	- execut	15	TO FUE	or its
S TO DEP	W execut	15i	AN OL ME	or its
S TO DEP	W execut	15/2/5	TO FUNERAL D. CTOR: Page 3 shauld be used as a buriol-transit permit. File	or its
SA TO DEP	W execut	151	AN OL ME	or its
AS TO DEP	W execut	15/2/5	OL ME	or its

			K J CERTIFICA	TE OF E	EAIN	Reg. Dist.	L(160);	i)
1. PLACE OF DEATH o. COUNTY	Washi		2. USUAL RESIDENCE		b. COUNT		ington	
b. CITY OR TOWN I and give negrest low	orstown	c. LENGTH OF STAY IN D.O.A.		outside corpor gerstown		RURAL and g	ive neorest for	wn)
	gton County	f not in hospital, give street address) Hospital	d. STREET ADDRESS 862 Vir	ginia A	renue		ON	A FARM?
3. NAME OF DECEASED (Type or print)	Firs AMY	Middle CORDELI	A BELL	4. DATE OF DEATH	Month Sept			reor 19 58
5. SEX Fehale	6. COLOR OR RACE	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	0 -0		AGE (In years lost birthday) 80 yrs.	IF UNDER 1Y	TEAR IF UND	Min.
100. USUAL OCCUPATI during most of worki Hous	ON (Give kind of work ding life, even if retired) ewife	Own Home	DUSTRY 11. BIRTHPLACE (Stor	e or foreign coul Wash e Co	o., Md	12. CITIZE	N OF WHAT	COUNTR
13. FATHER'S NAME Henr	y B. Lesher		14. MOTHER'S MAIDEN Mary El	len Sti	ne			
15. WAS DECEASED ET	VER IN U. S. ARMED FOR	RCES? 16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Virginis	Lore	- Solome	ons Md		
Conditions, if gave rise to imme (a), slating the cause last.	DUE TO ony, which (b)	Arterioscleroti Acute	Coronary Thron	bosis				
	HER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	AINAL DISEASE C	ONDITION GIV	EN IN PART I	(o) 19. WAS	ALITOPSY
PART II. 01	none						YES T	DRMED?
PART II. OT	USE WAS	b. DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in Pe	ort I or Part II of	item 18.)			DRMED?
200. EXTERNAL CA	USE WAS 200	b. describe how injury occurre None		m, 20f. (City or		(Count	YES 🗀	DRMED?
200. EXTERNAL CAPRIMARY or CCCAUSE OF DEATH 20c. TIME OF INJU- Hour o. m. p. m. 21. I certify topinion death	None 19 hat I took charge resulted from: Nole	None None 20d. INJURY OCCURRED While Not while of work of the remains described Natural causes , Accide	PLACE OF INJURY (Home, for factory, street, office bldg., et abave, held an Autop	m, 201. (City or c.) sy , Ins Hamicide [pection X .	(County Inquiry rmined mo	YES	NO T
200. EXTERNAL CAPRIMARY Or CCAUSE OF DEATH 20c. TIME OF INJU- Hour o. m. p. m. 21. I certify topinion death ACTUAL SIGNATURE EXAMINER'S NAME (Type)	None 19 hat I took charge resulted from: Nole	None None 20d. INJURY OCCURRED While Not while of work of work of work of work of work work work work work work work work	pLACE OF INJURY (Home, for factory, street, office bldg., et abave, held an Autopent, Suicide, M.D. CHIEF MEDICAL ASSISTANT MEDICAL DEPUTY MEDICAL	sy , tns Hamicide [EXAMINER] CAL EXAMINER [pection X .	Inquiry rmined mo	YES	ORMED? NO (State) (State)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

A See St. of A County Switch St. A THE RESERVE OF THE PARTY OF T THE THE PARTY OF T with the state to the state of the state of Andrew at the column to the control of the 1.2

BEST CHILDREN THE SET OF THE WIND STORY OF THE CONTROL OF THE CONT

CERTIFICATE OF DEATH

	100		O.M.CTIII TO				1	Reg. Dist. No.	
1. PLACE OF DEATH o. COUNTY Wa	shington		MARYLAND	2. USUA o. ST/	ATE Mary	here descosed live	ed. If institution b. COUNTY	va shiri	Sequition)
b. CITY OR TOWN (I	If autside corporate limi	ls, write	c. LENGTH OF STAY IN 16	1	or town (If	outside corporate	limits, write RUF	AL ond give nee	arest town)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, g	give street o	oddress)	d. ST	REET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO S
3. NAME OF DECEASED (Type or print)	Grace	st	Middle	Pin	lost gham	4. DATE OF DEATH	Month 9	18 00	Year 158
S. SEX	6. COLOR OR RACE	7. MARR	D DIVORCED	8. DATE O	F BIRTH	9. 4	ost birthday)	FUNDER 1 YEAR Months Doys	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION during most of wor	ON (Give kind of work king life, even if relired	done 10b.	KIND OF BUSINESS OR INC		21/86 BIRTHPLACE (Stote	e or foreign countr	72 yrs.	12. CITIZEN O	F WHAT COUNTRY
Fit:	ter			14. MO	Mary	land NAME		U.	.S•
	David H. Bi	nghar	1		Mary M	Merryman			
1S. WAS DECEASED EVE [Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16.	SOCIAL SECURITY NO. 17.	Marg	aret J.	Bingham	Addres Kj	noxville	, Md.
	the under-)	e for (o). (b). ond (c).] Malignancy go metastasis,					INTE	ERVAL BETWEEN ET AND DEATH
PART II. OTH Anterior 20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	scleratic has underlying [] G CAUSE OF DEATH MEDICAL EXAMINER)	eart. 206. DESC	ONTRIBUTING TO DEATH BE disease with TRIBE HOW INJURY OCCUR	hyper RED. (Énter n	tension	and cong	restive :	failure	9. WAS AUTOPSY PERFORMED? YES NO (Stote)
20c. TIME OF INJUR Hour o. m. p. m.	19	While of work	_ Not while_	factory, stree	t, office bldg., et	(c.)	own,	(County)	(Store)
21. I certify the alive an 44 Actual SIGNATURE PHYSICIAN'S NAME (Type)	Charles	(G)	od from July 1800 and that dea	th occurre	Proges	M, from the ADDRESS (Street, second	e causes an	d an the da	ow the decease te stated abave DATE SIGNEI
220. BURIAL, CREMATIC REMOVAL (Specify) BURIAL			22c. NAME OF CEMETERY Reformed	OR CREMAT	ORY		City, town, or		(Stote)
23. FUNERAL DIRECTOR		runs	ADDRESS Wick, Maryla	nd	24a. REC	EP 2 3 58		MAR'S SIGNATUR	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate the executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIPPEOR: After this certificate has been signed by the attending physician and completely filled in page 3 shauld in the certain as the burial-transit permit. Then please remake carban papers. Pages 1 and the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death.

VS A1S (4) 1SM 9/SS

TE OF BEATH	ADRITICED	23301
The said the second of the second sec		modymics man 1991
and the second	021.1	10 V
	Statement of the Con-	
The Control of the Co		
		THE SECTION ASSESSED.
THE ADIES TO BE SHOWN		
	o commende	of sud
		Crand Law or print of the
		night Parks 8.00
Landy ellivion	bergolis!	
	nicional distribution	emuli Ties

	CLUVE				Reg. Di	ist. No.
PLACE OF DEATH O. COUNTY	Washingto	n MARYLA	2. USUAL RESIDENCE (W STATE Maryland	here deceased lived. I	if institution: Resider	nce before admission)
Hagerstow	n	3 WKS.	c. CITY OR TOWN (IF	The same of the sa	s, write RURAL and	give nearest town)
d. NAME OF HOSPITA OR INSTITUTION Washing to	n County		d. STREET ADDRESS Rural 1			IS RESIDENCE ON A FARM? YES NO NO NO NO NO NO NO
3. NAME OF DECEASED (Type or print)	First Joh i			4. DATE OF DEATH	Month 9	Day Yeor 19 19 58
5. SEX	787	MARRIED MEVER MARRIED VIDOWED DIVORCED	11 20 -0-5	9. AGE (ethdout I I	20° Hours Min.
10o. USUAL OCCUPATION during most of working to the state of the state	N (Give kind of work do ng life, even if retired)	ne 10b. KIND OF BUSINESS OR I		ton Count		TIZEN OF WHAT COUNTR
	rd L Bish		Annie	B Manson	Address	
No If	f yes, give war or dates of serv	219-03-8610		L Bushen		k Md.
PART I. DEAT 155,0 Conditions, if on gove rise to im	H WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO y, which mediate (b)	PRIMARY CIRRHOSIS	CARCINOMA OF Live	OF LI	ver	INTERVAL BETWEEN ONSES AND DEATH
Couse (o), stoting the lying couse lost.	(c)	Chroivic A	leoholism	INIAI DISEASS CONDU	MONI CONTAINING	?
3 322	1					PERFORMED? YES NO
200. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DEATH	Db. DESCRIBE HOW INJURY OCCI	JRRED. (Enter noture of injury in	Port I or Port II of iten	n 18.)	
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year	20d. INJURY OCCURRED 20d While Not while of work 0 of work	e. PLACE OF INJURY (Home, form foctory, street, office bldg., etc	20f. (City or town)	(0	County) (State)
21. I certify the	at I attended the d	-4/	30 , 1958 , to 3 eath occurred at 7:15	M, from the co	auses and an t	last saw the decease he date stated abov
ACTUAL SIGNATURE	how a.	Moran	M.D. 215W. h	ADDRESS (Street, city ASHINGTO	or town, state)	9/23/58
PHYSICIAN'S JO	HN A. N	TORAN	1-/AGE	RSTOWN	MD.	
220. BURIAL, CREMATION REMOVAL (Specify) BUTIA	1 9.23.58	22c. NAME OF CEMETER Mt Olivet	ry or crematory Cometery	22d. LOCATION (City Hancock	713 47	(Stote)
23. FUNERAL DIRECTOR'S	SIGNATURE L	ADDRESS Hane	24a. REC'		46. REGISTRAR'S SIG	
House	义,什么	one stance	ed bed DATE	SEP 2 5 58	Cirthur	S. Thank

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 functol director, I by the haspital ar ottending physicion.

CCTOR: After this certificate has been signed by the attending physicion and completely filled in the detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and ar to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR A may be retained by TO FUNERAL DIFFC page 3 show VS A15 (4) 15M 9/55

the registror

		TE OF DEATH	CERTIFICA	E E E E	
novenia		benfrank	antima.	god at I de all	
			WELL ST		10 0 540 0 10
		L Lacut	121212		2021110
	THE P		Linson		A PARTY
			Come to De		
				or the painty to be built to	
		nn islasti	nodn3		
	noenat w	n one		TOPE STOR	acces.
		To one ou			
					The State of
The potentials	W decoma!	and the English of the	nt soulfu i	00.00	

VS A15 (4) 15M 10/57

0

	106.	14	CERTIFI	CATE OF	DEATH	1		Reg. Di	ist. No.	1362	98
1. PLACE OF DEATH	shington		MARYLAN	o STATE	ESIDENCE (Wh		lived. If institution b. COUNTY		hing		ion)
b. CITY OR TOWN (RURAL ond give n Hagersto		ts, write	c. LENGTH OF STAY IN	b c. CITY (OR TOWN (If o	utside corpor	ote limits, write R	URAL ond		,	1)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, ghanic Stree		oddress)		T ADDRESS Mechani	E C				-	IDENCE FARM?
3. NAME OF DECEASED (Type or print)	PEARL		ADAL INE	BOI	Lost Z	4. DATE OF DEATH	Septemb		5		Yeor 19 58
s. sex Female	6. COLOR OR RACE White	7. MARR	RIED NEVER MARRIED [188L 188L		9. AGE (In years lost bigthday)	Months Months	Pays 13s	Hours	R 24 HRS. Min.
Housewife	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR IN				ontry) Martlan			F WHAT	COUNTRY
13. FATHER'S NAME Rubin	Rudolph Pa	lmer		14. MOTHE	R'S MAIDEN N	AME gie Cl	ark				
15. WAS DECEASED EVE (Yes. no. or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s	ervice _	216-14-5043	7. INFORMANT Max Kru	mpe	Funk	stown, M		nd		
PART I. DE/ 175.0 Conditions, if of governise to it couse (o), stoting	mmediate (Car	ne for (o), (b), ond (c).]	tosis,	gen	erali	zed			mes mes	DEATH
CATIC		DITIONS	CONTRIBUTING TO DEATH					EN IN PAR	RT 1(o) 15	PERFO	AUTOPSY PRMED? NO
(IF EITHER, NOTIFY	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCU	RRED. (Enter notur	e of injury in P	ort I or Port	II of item 18.)				
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Ye	While	NJURY OCCURRED 20e Not white t of work	PLACE OF INJUR foctory, street, o	Y (Home, form, ffice bldg., etc.	20f. (City	or town)	(0	County)	31	(Stote)
	on 1 attended the	195 Ven	and that de	ath accurredM.D. /30	dager	AShi Stow	ngten n, Md.	ind on t		e state	ed abov
REMOVAL (Specify) Burial	9/8/195		Rose Hill	Cemetery			stown,	or county)	1	(Stote	
23. FUNERAL DIRECTOR Suter-Rouze	er Funeral	Home	ADDRESS Hagerstown	, Marylar		BY REGISTI	RAR 24b. REGIS	STRAR'S SIG	- 11		

Clashan & Kraud

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

SECTION OF SECURICATE OF DEATH CONTRACTOR OF SECTION OF	
	80
	, ,
	A AVID TO
the section of the Committee of the Section In the Particle of the Section of the Section In the	
all of the street in the street was the street of the stre	
NAME OF THE PARTY	
THE REPORT OF THE PROPERTY OF	
	- Francisco

		-		13	1
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Fage 4		UNERAL DICTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director,	ge 3 shaulter of detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 1 and 2 befiled with	THE S	13
degth.		uneral a	d be fi	70	
offer		Ī	D		10
hours		d ui	and		
Ithin 24		ely filled	Pages 1		
cuted w		amplete	apers.	th.	
De exe		o puo u	arbon p	iter dea	_
titicale		physicia	move co	s registrar prior to burial, crematian, ar remaval, and in any event within 72 hours ofter death.	
of h cer		nding ;	ease re	hin 72	1
the de		he atte	hen pl	ent wit	
es that		ed by	rmit.	ony ev	
requir	ion.	n sign	nsit per	and in	
he law	physic	has bee	rial-tra	naval,	
NA.	ending	ficate	the bu	ar rei	
PHYSIC	l or at	his cert	use as	motion	
DING	haspita	After 1	hed for	riol, cre	
ATTEN	ly be retained by the haspital or attending physician.	CTOR:	e detoc	r to bu	
AL OR	tained	1 0	aul	ar prib	
OSPIT,	y be re	UNERA	ge 3 sh	registr	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10615 **CERTIFICATE OF DEATH**

10609 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY WASHIN	GTON		MARY	LAND	2. USUAL RESIDENCE (V o. STATE MARYLAND	Vhere deceased	P" COMMEAT	ni Residence NGTON		on)
b. CITY OR TOWN (RURAL and give in HAGERST		s, write c.	12 YEAT		c. CITY OR TOWN (IF		ote limits, write RU	IRAL and give	e nearest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g				d. STREET ADDRESS	RUCE S	TREET		e. IS RESI ON A YES	DENCE FARM? NO 🔀
3. NAME OF DECEASED (Type or print)	Fir CHARLE	st	Middle EDWARD		tost BOWMAN	4. DATE	Month SEPTEMB		Doy Y	eor O
5. SEX MALE	6. COLOR OR RACE WHITE		NEVER MARRIE		B. DATE OF BIRTH			IF UNDER 1 Y	YEAR IF UNDE	
10o. USUAL OCCUPATI during most of wor	TV de de miles also atmos	fone 10b. KIN			TRY 11. BIRTHPLACE (S10) FUNKSTON 14. MOTHER'S MAIDEN	NN WAS	untry)		S.A.	COUNTRY
	ID BOWMAN ER IN U. S. ARMED FOR (If yes, give wor or dates of so	CES? 16. SOC	CIAL SECURITY NO -30 - 9810		SUSAN I	10	19 spitt			
Conditions, if a gave rise to couse (a), stoting lying couse lost.	the <u>under-</u> DUE TO	and H	erso de la companya d	A TH BÛT	NOT RELATED TO THE TER	MINAL DISEASE	Banga Econolition give	EN IN PART 1	(5) 19. WAS A	LUTOPSY
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIB	O YRULMI WOH 3	CCURREC). (Enter nature of injury in	n Part I or Part	11 of item 18.)		PERFO	RMED? NO 🗗
ZOc. TIME OF INJUI Hour o.m. p.m.	RY Month, Doy, Yes	While _	Nat while ot work	20e. PLA foo	CE OF INJURY (Home, for tory, street, office bldg., e	rm, 20f. (City	or town)	(Cou	inty)	(State)
	1	7, 19 Och 7, 12	and that	2. ETERY O		ADDRESS (SI	the causes areet, either I lown, s	nd an the	(Stote	d abave
23. FUNERAL DIRECTOR	SEPT.11	1958	FUNKST	alm	CEMETERY 240. REC DATE S	FUNKS C'D BY REGIST SEP 1 5 "	RAR 24b. REGIS	TRAR'S SIGN	ATURE	

I

ARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
		CENTIEIC ATE	OF	DEATH	

M

10676	CERTIFICA	ALE OF DEATH	Reg. Dist	. No.
1. PLACE OF DEATH O. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE	lived. If institutions Residence b. COUNTY	a before admission)
b. CITY OR TOWN (If outside carporate times, write c. RURAL and give learnest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpore	ote limits, write RURAL and gi	ve nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street odds OR INSTITUTION Fahrney Leedy Meh	1 4/260	d. STREET ADDRESS	2	e. IS RESIDENCE ON A FARM? YES NO P
3. NAME OF DECEASED (Type or print) Emma	Grace	Brechhill 4. DATE OF DEATH	September	Day Year
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED [A	B. DATE OF BIRTH July 7 1883		Pays Haurs Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	O OF BUSINESS OR INDUS	FLANK 14 G	untry) 12. CITI.	USA.
John G. Birech	sill	14. MOTHER'S MAIDEN NAME	auffman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor oxed to service)	None my	recked Sheem	an Mars	i, Pa
PART I. DEATH (Enter only one couse per and a part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate	relialization	Harmonde	gol	INTERVAL BETWEEN ONSET AND, DEATH
cause (a), stating the under- lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
_	E HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part	II of item 18.)	
Hour o. m. While	RY OCCURRED 20e. Pt. Not while fac	ACE OF INJURY (Home, farm, 20f. (City clory, street, affice bldg., etc.)	ar town) (Co	ounty) (State)
21. I certify that I attended the deceased alive an ACTUAL SIGNATURE	, and that death	accurred at 12:104 M, from ADDRESS (Str. BL)		e date stated abave
PHYSICIAN'S G W L & VC	n	Descriptions Inc. (2007)	mal	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22b. D	R. NAME OF CEMETERY O	RICREMATORY 22d. LOCATION COMMENTER 12d. REC'D BY REGISTR	ON (City, town, or county) CACASHO HitTE RAR 24b. REGISTRAR'S SIG	(Stote) (Stote) (Stote) (Stote)
Spentel M. Thumber,	green contro	DATE SEP 3 '5	8 arihun 8	Knows

ALAS WATER	HIARD RO ST		
The state of the s			
		A SALES OF THE	
			The state of
	222.4		
Company of the Late	N. ALLEY		
	and place		

MARYLAND STATE DEPARTMENT OF DEALTH HALLIMORE, IT

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10	61	6
	-	

CERTIFICATE OF DEATH

^							N.C	g. DIST. 140	•	
1. PLACE OF DEATH o. COUNTY	Washington		MARYLAND	2. USUAL RES	Md.	here deceased lived	I COLLEGE	Residence befo Washin		
RURAL and give n Hages	rstown		c. LENGTH OF STAY IN 16		town (if a	outside corporate li	imits, write RURA	L ond give ne	arest fown)	
OK INSTITUTION	TAL (If not in hospital, g Hospital	ive street	address)	d. STREET		n Ave.,			e. IS RESIDENCE ON A FARM YES NO	17v
3. NAME OF DECEASED (Type or print)	Fir Stan		Middle Russell	Brill Lo	st	4. DATE OF DEATH	Manth 9	17	y Year 19 58	3
5. SEX male	6. COLOR OR RACE white	7. MARR		B. DATE OF BIRT		9. AC los		INDER 1 YEAR	Hours Min	IRS.
barber	king lire, even it retired	done 10b.	Shop	STRY 11. BIRTHP	LACE (Stote				S A .	VTRY
13. FATHER'S NAME				14. MOTHER'S						
	ssell Brill				Marth	a Viands				
15. WAS DECEASED EVE	IR IN U. S. ARMED FOR: (If yes, give wor or dates of se	CES? 16.		nformant s. Jessi	e Bri	ll Hage	Address erstown,	Md.		
Conditions, if o	mmediate (myo carely	al I	Leas Y	L dis	ears	ONS	SET AND DEAT	Н
lying cause lost.	(c)		ONTRIBUTING TO DEATH BUT	NOT BELATED TO	THE TERM	NAL DISEASE COL	IDITION COURT		0 14446 441704	
CATIO	11	us	. 0		eurs		IDITION GIVEN I	N PARI I(0)	PERFORMED?	?
(IF EITHER, NOTIFY	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURRED	D. (Enter noture o	of injury in I	Part I or Part II of	item 18.)	186		
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	While		ACE OF INJURY (story, street, office	Home, form e bldg., etc.	, 20f. (City or to	wn)	(County)	(Sto	ote)
21. I certify the alive on Selection ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	dus and Dr. E. W	_, 19.5. W_	Dittott.		1-0	M, fram the	causes and	an the da	te stated ab	ave
220. BURIAL, CREMATIO REMOVAL (Specify) burial	N, 22b. DATE THEREO		22c. NAME OF CEMETERY OF			22d. LOCATION (unty)	(State) Md.	
23. FUNERAL DIRECTOR Fred W. Kra	S SIGNATURE	rsto	ADDRESS Md.	C11		BY REGISTRAR EP 2 2 '58	24b. REGISTRA	R'S SIGNATUR	RE	

Poge 4 rector, ed with xecuted within 24 hours after d completely filled in by Detached for use as the burial-transit permit. Then please remove carby to burial, cremation, or removal, and in any event within 72 hours effect OR: After this certificate has been signed by the attending physics ATTENDING PHYSICIAN: The law requires that the death certifigate may be retained by the haspital or attending physician.

8

page 3 should the registrar prior TO HOSPITAL OR VS A15 (4) 15M 10/57

. 15 The Court of the C The state of the s the contraction beating . Then

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH	Reg. Dist. No. 30%

	106	17	CERTI	IFIC.	ATE OF E	DEATH		Re	eg. Dist	. No. 30	2:
1, PLACE OF DEATH o. COUNTY Washi	ngton		MAR	LAND	o. STATE	DENCE (Who		lived. If institution: b. COUNTY		before od	
b. CITY OR TOWN (If RURAL and give neo	outside corporate limi	its, write	c. LENGTH OF STAY	IN 1b	13			ote limits, write RURA			
Hagersto	wn		6 years		03	Hager	stown				
d. NAME OF HOSPITA OR INSTITUTION		give street	oddress)		d. STREET A	DDRESS			130		RESIDENCE A FARM?
527 Mayfa	ir Ave.				527	Mayfa	ir Ave	•			□ NO □
3. NAME OF DECEASED (Type or print)	IEVETTA Fir	rst	Middle ROSE		BU BU	SEY	4. DATE OF DEATH	Month Septembe:	r	Day 27	Year 19 58
S. SEX		7. MARR	IED NEVER MARRI	ED 🔲	8. DATE OF BIRT			AGE (In years IF I	UNDER 1		NDER 24 HRS.
Female	White	WIDOWE			April 2			40 yrs.	Inths 2	9's Hou	rs Min.
10o. USUAL OCCUPATION during most of working	(Give kind of work	done 10b.	KIND OF BUSINESS C	OR INDU	STRY 11. BIRTHPE	ACE (Stote o	or foreign cou	intry)	12. CITIZ	EN OF WH	HAT COUNTRY
Clerk			ood Market		Cham	bersb	urg. P		U.S	5.A.	
13. FATHER'S NAME					14. MOTHER'S						
	ce T. Erns					Le	ona Na	ugle			•
	IN U. S. ARMED FOR yes, give wor or dates of s		SOCIAL SECURITY NO		INFORMANT			Address			
no					avid E.	Busey	Ha	gerstown,	Md.		
18. CAUSE OF DEAT										INTERVAL	BETWEEN ND DEATH
PARI I. DEAI	H WAS CAUSED BY: IMMEDIATE CAUSE (o		erminal m	neta	static	carc	inoma				eeks.
180 X	DUE TO				0.7	01 1 1	-				
Conditions, if ony		, nj	pernephr	oma	or Tel	t Ki	dney			Unkn	own
couse (o), stoting th											
Z Part II OTHE) (c		ON OUT DURING TO DE	A TAL DARE	NOT BELLETED TO	T. I. T.					
PART II. OTHE 200. ACCIDENT WAS OR CONTRIBUTING [If EITHER, NOTIFY M	k SIGNIFICANT CON	12.	ONTRIBUTING TO DE						IN PART 1	PER	REPORMED?
	CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY O	CCURRE	D. (Enter nature a	f injury in P	ort I or Port I	Il of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	19	While of work		fo	ACE OF INJURY (ctory, street, office	e bldg., etc.)				unty)	(Stote)
21. I certify tha	t I attended the	deceose	ed from May	20,	, 19_56	, to Se	pt. 2	6 , 1958 ,11	nat I la	st saw th	ne deceaser
alive on Ser	t. 26	19	58 , and that	deoth	occurred at	+ A.	_M, from	the couses and	an the	dote st	ated above
ACTUAL	18 1	111			-1.0			et, city or town, state	e)		DATE SIGNED
SIGNATURE	oans	Ki	arra		м.д. 148	N. P	otoma	c St.		9-	27-58
PHYSICIAN'S NAME (Type)	. Earl X	oung	M.D. V		Hage	ersto	wn, M	d.			
220. BURIAL, CREMATION REMOVAL (Specify)			22c. NAME OF CEM	ETERY O	R CREMATORY		22d. LOCATIO	ON (City, town, or co	ounty)	(S	itote)
Burial	9/30/19	58	Rest Hav	en (Cemetery		Hage	rstown.		Marv	land
23. FUNERAL DIRECTOR'S Syter-Rouze		Lloma	ADDRESS	(18)		24a. REC'D	BY REGISTRA		R'S SIGN		
Ritan black	Level a	Home	Hagersto	wn. I	Md.	DATE					

uneral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRPOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should celached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 the registrar prict to burial, cremation, ar remaval, and in any event within 72 hays after death. VS A15 (4) 15M 10/57

00

N

232	THE OF DRATE	CHERIO	
		r F	
	Bulletin Advantage Commence		
			Committee of the Control of the
			Milliantes to the 191
	THE STATE OF THE S		
	,		and the Edition of the T
	· · · · · · · · · · · · · · · · · · ·	on Alle	
	of mile ones.		jame. I so um
4 - 1 - c - 11:	THE STATE OF AV		
		edon ann beest er ord comearch	
		TO SELL MANUAL TO THE	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10612

1061	8 CERTIFICA	ATE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (When o. STATE Marvlan	b. COUNT	Washington
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town) Hagerstown	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou		RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION Washington Count		d. STREET ADDRESS Hagerstow		e. IS RESIDENCE ON A FARM? YES NOTE
3. NAME OF First DECEASED (Type or print) Catherine	Middle	Lost baugh		anth Day Year 12 1958
	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Dec. 1. 192	9. AGE (In year last birthday)	Manths Days Hours Min.
no. USUAL OCCUPATION (Give kind of work don'd during most of working life, even if retired) Machine Operator 13. FATHER'S NAME Clarence Ha	Dress	Hagerst 14. MOTHER'S MAIDEN NA	own Md •	12. CITIZEN OF WHAT COUNTRY
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes no. or unknown) (If yes, give wor or dates of service) 18. CAUSE OF DEATH [Enter anly one cause	S? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Jane Hamb	Rt. 6
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate cause (a), stating the under. Lying cause last. PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE BY: IMMEDIATE BY:	Malisum + h probable c	aronar y	Okc lunca	30 leacus
ICATI				IVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	6. DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Pa	ort I ar Part II af item 18.)	
ZOc. TIME OF INJURY Month, Day, Year Hour a.m. p. m.	20d. INJURY OCCURRED While Not while for work at work	ACE OF INJURY (Hame, farm, ictary, street, affice bldg., etc.)	20f. (City or tawn)	(County) (State)
21. I certify that I attended the de alive an Sey L	- ()	M.D. 217 W.	//	n St.
220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 9-14-58	22c. NAME OF CEMETERY O	OR CREMATORY	22d. LOCATION (City, town	, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	1 Cemetery	Hagerst	GISTRAR'S SIGNATURE
Minnich Funeral How				Ilun S. Kraus

Hagerstown Md.

DATESEP 1 6 '58

the registrar prior



Minnich Funeral Home

	man and the same of the same o	
profession for the		
	The Late Market Street Late 1	
	auter 1 G - Zeite - erbeiten 2 .	
The second second second	Company of the second	
		1000
The ball of the state of the st		
The state of the s		
The property of the second sec		

VS A15 (4) 15M 10/57

8.6	1	ı
i)	1
		i

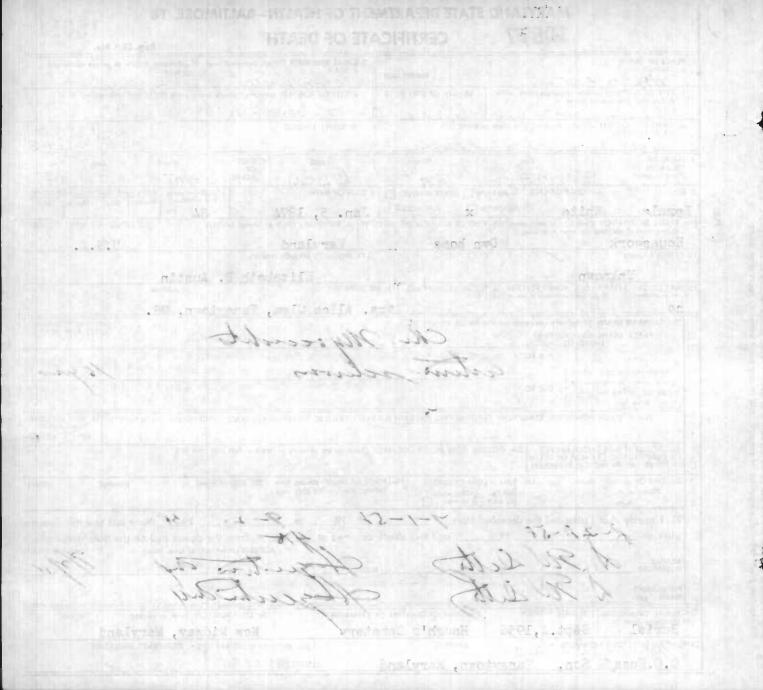
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10677

CERTIFICATE OF DEATH

10614

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY WASHINGTON MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY MARYLAND CARR	
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	
RURAL and give nearest town)		(e)
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	- of
OR INSTITUTION	G. SIKEET ADDRESS	e. IS RESIDENCE ON A FARM?
Homewood Home For AGED		YES NO 🔀
3. NAME OF First Middle	Last 4. DATE Month	Day Yeor
(Type or print) EMMA MAV	CLEM DEATH SEDT	2 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	Jan. 5. 1874 St. yrs. Months [Doys Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDIA		ZEN OF WHAT COUNTRY
during most of working life, even if retired)		
Housework Own home	Maryland	J.S.A.
13. FATHER 3 NAME	14. MOTHER'S MAIDEN NAME	
Unknown	Elizabeth E. Austin	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	INFORMANT Address	
	s. Alice Clem, Taneytown, Md.	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which) (b)	Myreachts	INTERVAL BETWEEN ONSET AND DEATH
gove rise to immediate couse (a), stating the under-lying couse last.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
(IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED for the p. m. 19 While of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (Coctory, street, office bldg., etc.)	ounty) (Stote)
21. I certify that I attended the deceased fram 7—7—3 alive on 25 5, 19, and that death ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 1. SCO SUBSTITUTE OF THE SIGNATURE SI	n occurred at JAM, fram the causes and on the ADDRESS (Street, city or town, stote)	
220. BURIAL, CREMATION, 226. DATE THEREOF TO NAME OF CEMETERY O	OR CREMATORY 22d. LOCATION (City, town, or county)	(Stole)
Burial Sept. 4,1958 Haugh's Ceme		
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	
C.O.Fuss & Son. Tanevtown, Maryland	DATE SFP 4 '58	



M

uneral director, d be filed with

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 strengistrar prive to burial, cremation, or removal, and in any event within 72 haurs after death.

VS A15 (4) 15M 10/57

700.0				Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Md	nere deceased lived. If institution b. COUNTY	n: Residence before admission) Wash.
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town) WILLIAMSPORT	c. LENGTH OF STAY IN 1b 3 yr. 3 mo.	c. CITY OR TOWN (IF o	outside corporate limits, write RU	RAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give Williamsport Sanit	street oddress) arium	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES 🔼 NO
3. NAME OF First DECEASED (Type or print) Lewis	Middle Edward	Clopper	4. DATE Month OF DEATH	Doy Yeor Sept. 29, 1958
	MARRIED NEVER MARRIED	8. DATE OF BIRTH May 23, 187	Lord brieffindant	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work don during most of working life, even if retired) I armer	106. KIND OF BUSINESS OR INDU		or foreign country) Urg, Md.	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Henry G.	Clopper	14. MOTHER'S MAIDEN N	Maggie F	Petre
15. WAS DECEASED EVER IN U. S. ARMED FORCE: (Yes. no. or unknown) (If yes, give wor or dotes of serving)	al l	nformant illiamsport	Addre Sanitarium,	T/A
Conditions, if ony, which gove rise to immediate couse (a), stoting the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDIT	Strake Attersiosclere IONS CONTRIBUTING TO DEATH BUT	Te Card	NAL DISEASE CONDITION GIVE	3-4dy
PART II. OTHER SIGNIFICANT CONDIT	b. DESCRIBE HOW INJURY OCCURRE			PERFORMED?
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19	20d. INJURY OCCURRED While Not while of work of work	ACE OF INJURY (Home, form ctory, street, office bldg., etc.), 20f. (City or town)	(County) (Stote)
21. I certify that I attended the dealive an Sept 28.	19.5 8, and that death	occurred at 3:00	M, fram the causes an ADDRESS (Street, city or town, st	
PHYSICIAN'S MAX E. Byrk		M.D. 28 W. Poto	mac Williams	port, No
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 19-1-58	22c. NAME OF CEMETERY O Leitersbur		22d. LOCATION (City, town, or Leitersbur	
23. FUNERAL DIRECTOR'S SIGNATURE Scott F. Minnich &	ADDRESS Son. Smithsbu	re Md DATE		TRAR'S SIGNATURE
Social and manifely of	DOLL DILLTING BU	TO DATE		

		87301	
		in the state of	
1 - 100			
	A SAME DONE		
		in the second	
	TO CHECKS		
	·		. E. Tout

I

VS A1S (4) 15M 10/57

CERTIFICATE OF DEATH

10616

			Reg	, Dist. No.
1. PLACE OF DEATH O. COUNTY Washington M.	2. USUAL RESIDE o. STATE	Md •	1	sidence before admission) ash.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Hagerstown c. LENGTH OF ST		WN (If outside corporo	te limits, write RURAL o	and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address)	1100 bloc	ok Jefferso	n St.,	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Mic (Type or print) George Washi	ngton Cressle	Jr 4. DATE OF DEATH	Manth 9	2 Yeor 58
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MA WIDOWED DIVO	RCED Dec. 10,		AGE (In years lest birthday) Mont	DER 1 YEAR IF UNDER 24 HRS. This Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Farm		E (State or foreign cour encastle, P		U.S.A.
13. FATHER'S NAME	14. MOTHER'S M	AIDEN NAME		
George W. Cressler Sr.	J.	ulia Gearha	rtt	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. of unknown) Yes (If yes, give wor of dates of service) Yes 16. SOCIAL SECURITY 217-32-526		. Cressler	Address Hagersto	wn, Md.
18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the under lying cause lost. (c)		S 10 x7		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO NO
	Y OCCURRED. (Enter nature of i	njury in Part I or Port II	at item 18.)	
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED While Not while at work of work	20e. PLACE OF INJURY (Ha factory, street, affice b	me, farm, Idg., etc.)	r town)	(County) (State)
21. I certify that I attended the deceased from Ralive an, 19, and the signature Ralive S. F. Messer NAME (Type) Charles F. Messer Ralive S. F. Messer Rame (Type)	m.D	M, fram		t I last saw the decease n the date stated abav. DATE SIGNE
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF C	EMETERY OR CREMATORY	Hagers	ON (City, town, or count town)	(State) Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fred W. Kraiss Hagerstown, Md.		40. REC'D BY REGISTRA	FO	SIGNATURE M. S. Kraus

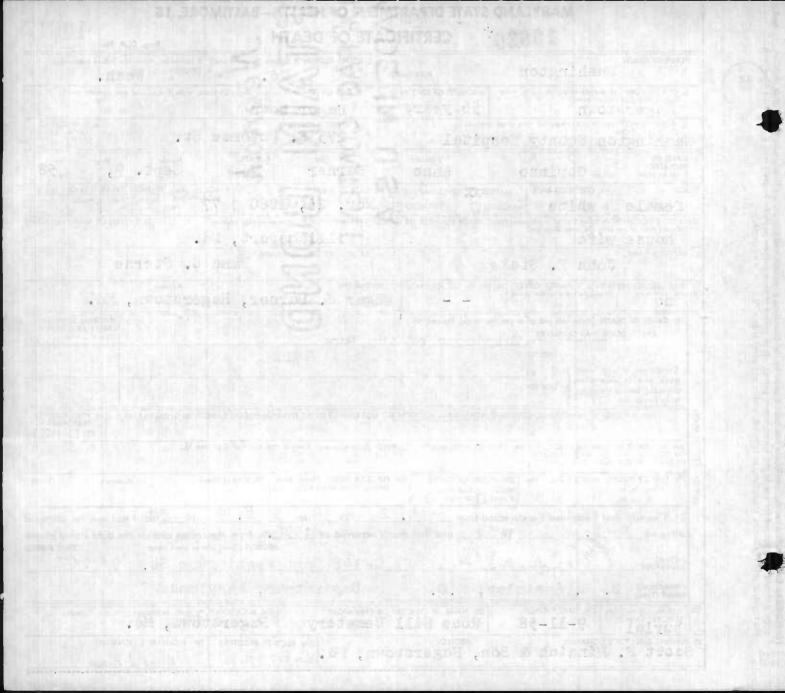
		MTAGE ROSTA			
				A Despuis	170004
			ς •		
					12.7
	13 146 170				
The state and state in		ers. Kongis sign	and no		

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10620 CERTIFICATE OF DEATH

	7.00	40	CERTI	FICA	TE OF DEAT	П		Reg. Dis	t. No.	20	-
1. PLACE OF DEATH o. COUNTY	Washington		MARY	LAND	2. USUAL RESIDENCE (o. STATE	Where decease	d lived. If institution b. COUNTY		sh.	e admissi	on)
b. CITY OR TOWN RURAL ond give Hagers			6 year		c. CITY OR TOWN (orote limits, write R	URAL ond g	ive near	rest lown)
d. NAME OF HOS OR INSTITUTION Washingt					d. STREET ADDRESS		nac St.		•		DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Corinne		Anne		Darner	4. DATE OF DEATH	Mon S€	pt.	9 Doy		^(eo) 58
s. sex female		IDOWED [DIVORCE			1880	9. AGE (In years lost birthday) yrs.	Manths Manths	Days	Hours	R 24 HRS. Min.
100. USUAL OCCUPA during most of w house	TION (Give kind of work dor orking life, even if retired) WITE	e 10b. KIND	OF BUSINESS O	R INDUS	William			12. CITI	ZEN O	WHAT	COUNTRY
13. FATHER'S NAME	John B. St	ake			14. MOTHER'S MAIDEN	NAME	nma C. S	tern	е		
15. WAS DECEASED E	VER IN U. S. ARMED FORCE: (If yes, give war or dates of serving		AL SECURITY NO		formant gar S. Da	rner,	Hagerst		Md	•	
	immediate DUE TO				e lung				ONS	RVAL SET ET AND Ref 1	TWEEN DEATH Lnite
CAI	OTHER SIGNIFICANT CONDIT							EN IN PART	1(0) 19	PERFO	RMED?
U (IF EITHER, NOTIF	WAS UNDERLYING 20 NG CAUSE OF DEATH FY MEDICAL EXAMINER) URY Month, Day, Year		OCCURRED		(Enter nature of injury i						
Hour o. m	19	While of work	Not while of work	foct	ory, street, office bldg., e	etc.)		(C	ounty)		(State)
alive anS	that I attended the deept. 9 B. B. Kneis	19 <u>58</u>			., 19 <u>58</u> , 10 occurred a 8:39 .b. 148 West Hagersto	ADDRESS (S Wash	n the causes a treet, city or town, ington	stote)	e date	e state DA	deceased d abave TE SIGNED
220. BURIAL, CREMATI REMOVAL (Specif DURIAL			NAME OF CEME		crematory emetery		TION (City, lown, or stown, or stown,			(State)
23. FUNERAL DIRECTO	r's signature Minnich &	Son,	ADDRESS Hager:	stow	n. Md.	SEP 1 5 '		TRAR'S SIG			



shou 0 VS A15 (4)

15M 9/55

12. CITIZEN OF WHAT COUNTRY? U.S.A. Address REENCASTIE INTERVAL BETWEEN ONSET AND DEATH Micketaine PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T (County) (State) 9-22, 19-58, that I last sow the deceased __, and that death accurred at ______, M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 154 West Washington St., PHYSICIAN'S NAME (Type) John H. Hornbaker. M.D. Hagerstown. Md. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) 9/25/58 REST HAGERSTOWN 23. FUNERAL DIRECTOR'S SIGNATURE . **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE SEP 2 arthur & Thous

Rea. Dist. No.

Months

. IS RESIDENCE

IF UNDER 1 YEAR IF UNDER 24 HRS.

Hours

Doys

ON A FARM?

YES NO IN

VS A15 (4)

1SM 9/55

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
10679	CEDTIEICATE	OF	DEATH	

10619

CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND nari b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest lown) 2 yrs, 1 mo d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO nursuna 3. NAME OF Middle Last 4. DATE Month Day Year DECEASED (Type or print) DEATH 19 5 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Min. DIVORCED [WIDOWED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which (b) gave rise to immediate DUE TO catse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES I NOT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part III af item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, form, Day, Year 20d. INJURY OCCURRED 20f. (City ar town) (County) (State) Hour a.m. factory, street, office bldg., etc.) Not while at wark at wark 21. I certify that I attended the deceased from 19_d_that I lost saw the deceased olive on and that death occurred at_____ M, from the causes and on the date stated above. ADDRESS (Street, city or tawn, state) DATE SIGNED SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) REMOVAL (Specify) **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Orthung S. Kraus DATE SEP

	ATATI	GMALTIRAME TO	1985
	1 (2000)		SECOND
		051	
the second secon			
			3X
10 Sept 10 Sep			
Olovilla in School and School	and the	SP 481 DS	
		MA ST ST ST ST ST ST	
		Section of the sectio	
		ar I.	
			person !

FOR STATE HEALTH DEPT.

S TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please	execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page	the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained in our files.	1 TO FUNERAL DESCROR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Be of Health,	prior to burial, crematian, as removal, and in any event within 72 hours after death.	
AINER: This cert	ing the word "	the Chief Medi	age 3 should be	rior to beriof,	
MEDICAL EXA!	ne certificote, wr	be (arded to	AL DESCTOR: P.	ignoted ogent, p	
S TO DEPUTY	* execute !	pinous y	TO FUNER	or its des	

10620 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

		1063	2	AL EXPONE	aru -	CERTIFIC		. 01	DEATH	Reg.	Dist. No	. 302	
1.	PLACE OF DEATH		+54			2. USUAL RESIDEN	VCE (Whe	ere decease					ission)
	Wa.	shington		MAI	YLAND	o. STATE Ma	ryla	nd	b. COUNT	Y Bal	timo	ren	
	b. CITY OR TOWN (If and give nearest lawn)	autside corporate limits, write	RURAL	c. LENGTH OF STA	Y IN 16	c. CITY OR TOV	WN (If ou	utside corpo	orole limits, write				wn)
-	Hagerstown			D.O.A.		Ba	ltim	oren	3	Vo	1-4		1
	d. NAME OF HOSPITA	AL OR INSTITUTION (If not in h	ospital, give street addr	915}	d. STREET ADDR	RESS						ESIDENCE A FARM?
	Washingt	on County	Hospi	ital		4211	Flow	ertow	n Road	4.4			NO 🔯
3.	NAME OF DECEASED	Fir	st	Middle		Lost	4.	DATE	Month	h	Day	١	rear .
	(Tring on miles) may	ILLIAM		JOSEPH		DUFFEY		DEATH	Septembe	r	7	1	9 58
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRI	ED 🔲 8.	DATE OF BIRTH			9. AGE (In years lost birthday)	-	ER TYEAR	IF UND	ER 24 HRS.
	Male	White	WIDOW	ED DIVORCED		September	19.	1896	61 yrs.	Months	198	Hours	Min.
100	during most of working	N (Give kind of work	done 10b.	KIND OF BUSINESS OF	R INDUST			foreign co	untry)	12. C	ITIZEN O	F WHAT	COUNTRY
	Millwrig		A	ircraft Cor	many	Hager	stow	n. Ma	ryland		U.S	.A.	
13	FATHER'S NAME					14. MOTHER'S MAI			<u> </u>				
	Otho S.	Duffey				M	ame (Crame	27				
15	. WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16	S. SOCIAL SECURITY NO). 17. fb	FORMANT		72 04170.	Address				
	no or unknown)	(If yes, give war or dates of		14-09-7648	Mr	s. Regina	M.	Bonne	r Hager	stow	m. M	d.	
=		H [Enter only one cou		e far (o), (b), and (c).]								RVAL BETW	LEN
	PART I. DEAT	H WAS CAUSED BY:									ONS	ET AND DE	HTA
	420.0	IMMEDIATE CAUSE (o)		0	-	1	*				-		
	Conditions, if an	DUE TO		Course	w	Toch	in	m.			1	/-	1
	gave rise to immed	iote couse			/			11	,			2-1	m
	(a), stating the u	nderlying DUE TO		whent	12	chroti	X	Tear	1 Sus	in	. 3	3 41	in
Z	PART II. OTH	ER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE	TERMINA	AL DISEASE	CONDITION GIV	EN IN PA	RT 1(o) 1		AUTOPSY
K												PERFO	NO P
CERTIFICATION	200. EXTERNAL CAU	SE WAS 20	b. DESCRI	BE HOW INJURY OCCU	JRRED. (E	nter noture of injury	in Port I	or Port II o	of item 18.)		-	Lund .	
CE	CAUSE OF DEATH.	TRIBUTING []											
3	20c. TIME OF INJUR	Y Month, Day, Yes	or 20d	INJURY OCCURRED	20e. PLAC	E OF INJURY (Home	, form, i	20f. (City	or town)	IC	ounty)		(State)
MEDICAL	Hour a.m.	19	Wh		facto	ry, street, office bldg	,, etc.)						
~				remoins describe	ed obox	e held on Au	topsy		enection [7]	1			4 :
				couses A. Acc							,		d in my
	opinion death i	respired from: 1	VOTUTO	couses , Acc	ideni [_i, Suicide [_], no	micide	. Undete	rmined	monne	er 📗	
	ACTUAL X	1. 7/	11	2/15		CHIEF MEDIC	TAL EVAL	AINIER (T				DATES	IGNED
	SIGNATURE V	N/W		and the		_ M.D.		_			(9/0	,
	EXAMINER'S	FIM	77	TT	2	ASSISTANT A			-		11	1	10
22	NAME (Type)	N. 122b. DATE THERE	TV	1107	TERV OC	DEPUTY MED					/	/	
220	REMOVAL (Specify)	4			-	CREMATORY		00 WH	ON (City, town, o	or county)		(Slote	2)
22	Burial FUNERAL DIRECTOR:	9/10/19	58	Rose Hill	Ceme				stown,		aryl		
43.	Suter-Rouz	er Funeral	Home		70		REC'D B	Y REGISTRA		STRAR'S S	IGNATUI	(E	
1	K. Frankli	or Roserson		Hagerstov	VII PIIV	C. DAT	TEOCO	0 151	8 0	11 - 1	0 4		

STATE ADT

ette tali			ne shi sa
	5/10/20 14		Trestal al
	and another to Living In	r	
			TAXABLE DATE OF THE PARTY OF TH
			31212
		10 0 / V 1100 1	J 1
			. 01.6
	central et artire v	es haskinganing in	
	-commen	Andrew P.	
Jane 1	135		
A TRANSPORT S TORREST			reprinted their Patrick Attended 12
		Territor Shows and	in and Ohya reskumper
		A STATE OF S	
		1000	
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	THE RESERVE OF THE PARTY.	621111	THE TOTAL STREET
,			

A STATE OF THE STA

1	0	C	2	1
1	()	U	4	E.

	100	0.3	CERTIF	CERTIFICATE OF DEATH					Reg. Dist. No.		
1. PLACE OF DEATH a. COUNTY	Washing	ton	MARYL	AND	2. USUAL RESIDENCE (WHO a. STATE Mary)		d lived. If institution b. COUNTY	-	e before odr		
b. CITY OR TOWN (If autside corporate limits, write RURAL and give gearest town) Hagerstown Md 3 Wks.				N 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural 1 Hancock Marylad.						
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR, INSTITUTION Washington County Hospital					d. STREET ADDRESS e. IS RESIDENCE ON A FARM YES \(\) NOW						
3. NAME OF DECEASED (Type or print)	Char!		Middle Lewi	8	Dunham	4. DATE OF DEATH	Mant 9	h	26	Year 19 58	
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIES		8. DATE OF BIRTH 6.10.1884		9. AGE (In years birthdoy) yrs.	Mongs I	YEAR IF UN	NDER 24 HRS. Min.	
during most of working to the Labor 13. FATHER'S NAME	TION (Give kind af work orking life, even if retired	done 10b.	kind of Business or Labor	INDU		V.VA.	ountry)		S.A.	IAT COUNTRY	
Char	VER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	-	Mary Sonformant	hute	eworth Address		.VA.		
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CEREBRAL HEMORRHAGE, BASILAR DUE TO									INTERVAL BETWEEN ONSET AND DEATH 3 WEEKS		
Conditions, if gove rise to couse (a), statin lying cause las	immediate DUE TO) HY	PERTENSIVE	ART	ERIOSCLEROTIC	HEART	DISEASE		UNK	имои	
CATIC	OTHER SIGNIFICANT CON				NOT RELATED TO THE TERMI			EN IN PART	PER	AS AUTOPSY FORMED?	
OR CONTRIBUTION	FY MEDICAL EXAMINER)	200. DE30									
20c. TIME OF INSE Have a. m p. m	1.	While	Not while of work	20e. PL fa	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	, 20f. (City	or town)	(Ce	ounty)	(Stote)	
alive on SE ACTUAL SIGNATURE PHYSICIAN'S	that I attended the PTEMBER 26 Clubs Grand	19 ⁵⁸	cohen, M.D	death	occurred at 2-40 A	M, from	freel, city ar town,	nd on th	e date st	ne deceased ated abave DATE SIGNE	
220. BURIAL, CREMAT REMOVAL (Specif Burial 23. FUNERAL DIRECTO	9.28.5)F	22c. NAME OF CEMET		Cemetery F	22d. LOCA ROYON D BY REGIST		kson	W	tote)	
HALLMI	0 2 2/	11.0	Hamos	(DATE RE			Christ S.	1 .		

Hancoels mod DATE BY 30'58

funeral director, old be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIMETIOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the registrar parfor to burial, cremation, ar remaval, and in any event within 72 haurs after death.

0

M

CERTIFICATE OF DEATH . helvest assome I fames - 世紀 Lastenson Country Rospites ISOE, OL. OF MANAGED THE PROPERTY. RETORDS SCHOOL STEEL . AV. II to I A to the street of the street of the State THE SECRET SHEET S and the best of the first of the control of the con THE PERSON NAMED IN THE PARTY OF THE PARTY O . All and the page of the contraver and the contraver

10624 d be filed with

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

10622

				Keg. Dist. No.
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (WHO IS STATE Md	F COUNTY	ion: Residence before admission) Washington
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16 35 Min.	c. CITY OR TOWN (IF o		RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Wash. Co. Hospital	ddress)	d. STREET ADDRESS 33 Eliza	beth St.,	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF First DECEASED (Type or print) Jack	Middle E	cobona	4. DATE Mor	Day Year 19 58
5. SEX male 6. COLOR OR RACE 7. MARRII White WIDOWEE	DIVORCED [8. DATE OF BIRTH [une 15, 188		Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Crane operator We	M. R.R.	STRY 11. BIRTHPLACE (Stote Florence		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	N 1 13.8	14. MOTHER'S MAIDEN N	IAME	
George Ecobona		un	known	
(Yes, no, or unknown) . Iff was give wor or dates of service!	01 1-	rl Ecobona	Hagerstown, l	dress Md.
IB. CAUSE OF DEATH [Enter only one cause per line PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LL 20,0 DUE TO Canditions, if any, which gave rise to immediate couse (a), stating the under- lying cause last. CAUSE OF DEATH [Enter only one cause per line DUE TO County (b) DUE TO (c)	Coronas Stern h	y Ocelu	gin seast his	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	VEN IN PART 1(a) . WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	D. (Enter nature of injury in F	Part I or Part II of item 18.}	
20c. TIME OF INJURY Manth, Day, Year 20d. IN. Hour a. m. While at wark	Not while foo	ACE OF INJURY (Home, form, ctary, street, affice bldg., etc.	20f. (City or town)	(Caunty) (State)
21. I certify that I attended the decease olive on		M.D. R CREMATORY	ADDRESS (Street or town, 22d. LOCATION (City, town, Hagerstown	or county) (State) Md.
Fred W. Kraiss Hagerstov		DATE \$		STRAR'S SIGNATURE
7 7 07 119 117 117 117 117 117 117 117 117 11	,	DATE		while a. I walke

STEED HEAVE - STATE OF STATES OF STA HEARD TO TADRIDED - ASSESSED. William Tender The state of the s . No. of the latest and the same of the latest and the lates Tell I. Transfer of the Control of t 00

VS A15 (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10680 CEPTIFICATE OF DEATH

10623

	20000	CERTIFIC	AIL OI DEAII	•	Reg. Dist.	No.
1. PLACE OF DEATH o. COUNTY Was	hington	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Md	nere deceosed lived. If i b. CC	onstitution: Residence DUNTY Washi	before admission) ngton
b. CITY OR TOWN (RURAL ond give n Smiths	(If outside corporate limits, write learest town) 5 DUP G	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	outside corporate limits,	write RURAL and give	nearest fown)
d. NAME OF HOSPI OR INSTITUTION 28 S.	TAL (If not in hospitol, give street Main St.	oddress)	d. STREET ADDRESS	Main St.		IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Daniel	Middle H •	Eshleman	4. DATE OF DEATH	Month Septembe	Day Year 21,1958
s. sex male	6. COLOR OR RACE 7. MAR WIDOW		March 31, 1	.887 9. AGE (In lost birth 71		EAR IF UNDER 24 HRS. 195 Hours Min.
during most of wor	ON (Give kind of work done 106 rking life, even if retired)	. KIND OF BUSINESS OR INDI eneral store			12. CITIZE	N OF WHAT COUNTRY
13. FATHER'S NAME	Daniel Eshl	ama n	14 MOTHER'S MAIDEN N		mama) Wa	
15 WAS DECEASED EVI	ER IN U. S. ARMED FORCES? 16.		INFORMANT	(last	Address	rst
(Yes, no. or unknown) NO	(If yes, give war or dates of service)	19-07-8695	Cora M. Eshl	eman, Smi		Md.
	ATH [Enter only one couse per li					INTERVAL BETWEEN
	IMMEDIATE CAUSE (o) 1	ver failure	(hepatic co	ma)		3 days
581.0 Conditions, if	any, which) (b) C1	rrhosis of 1	iver			months
gove rise to cause (o), stating lying cause lost.	the under- DUE TO	lvular (hema	tic) heart	disease		years
\simeq	HER SIGNIFICANT CONDITIONS		TO THE TERMINATION TO THE TERMINATION TO		ON GIVEN IN PART 1	PERFORMED?
	AS UNDERLYING 20b. DES	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II of item	18.}	
20c. TIME OF INJUING HOUR O. m. p. m.	RY Month, Doy, Year 20d. While of wo	1 6	PLACE OF INJURY (Home, farm actory, street, office bldg., etc	20f. (City or town)	(Cou	nty) (State)
21. I certify to	hat I attended the decea	sed from 9/21	, 19 <u>58</u> , ta	9/21 ,1	9 58, that I las	t saw the decease
alive on 9/2	21/58 , 19	58, and that deat	h occurred at 9:05	DM, fram the cau	ses and an the	date stated above
ACTUAL SIGNATURE	for c. Sta	uffer		ADDRESS (Street, city or . Prospec		DATE SIGNE
PHYSICIAN'S NAME (Type)	John C. Stau	ffer, M.D.	Hager	stown, Ma	The second secon	
220. BURIAL, CREMATIC REMOVAL (Specify DUTIAL	ON. 226. DATE THEREOF 9-23-58	Smithsburg		22d. LOCATION (City. Smithsbu	town, or county) urg, Md.	(Stote)
23. FUNERAL DIRECTOR		ADDRESS	240 REC'	0 - 150	REGISTRAR'S SIGN	
Scott F.	Minnich & S	on. Smithsb	urg. Md pate	4 5 30	JATHUM & HE	A

to the rest of the little but from and the first of the second of . The secretary in the second district the second s

M

	3.000	2							Reg. Dist	. No.	
1. PLACE OF DEATH o. COUNTY	Washing	gton	MARYL		USUAL RESIDENCE		ceased live	d. If institutio b. COUNTY		before admis	
Hanco	ck		c. LENGTH OF STAY II	N 16	c. CITY OR TOWN			mits, write RU	RAL and gi		
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g Home	ive street o	oddress)		d. STREET ADDRE	ast M	ain				FARM?
3. NAME OF DECEASED (Type or print)	Fire Jos	eph:	Middle ine		Lost Everts	4. D/	ATE	Manti	h	Day	Year 19 58
s. sex			IEDE NEVER MARRIED	1 1	ATE OF BIRTH	6	9. AC			YEAR IF UND	
House	ON (Give kind of work of king life, even if retired) WII 6	dane 10b.	KIND OF BUSINESS OR Housewif			Stote or fore	ign country)		S.A.	COUNTRY
13. FATHER'S NAME	G	J		1	4. MOTHER'S MAIL						
	RIN U. S. ARMED FOR		SOCIAL SECURITY NO	17, INFO	-	y Sha	rp				
No. or unknown)	(It yes, give wor or dates of se	irvice)	None			Evert	s Hai	Addre		land.	
331X Canditians, if a gave rise ta i cause (a), stoting lying cause last.	mmediate the under- (c)	(Irtus	Al	non	has	e e			Flan	min
3	HER SIGNIFICANT COND	DITIONS <u>Co</u>	ONTRIBUTING TO DEAT	H BUT NO	RELATED TO THE T	TERMINAL DI	SEASE CON	IDITION GIVE	N IN PART	PERFO	RMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	CURRED. (E	nter nature af injur	y in Part 1 a	r Part II af	item 18.)			
20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Yea 19	r 20d. IN While at work	_ Nat while	0e. PLACE factory.	OF INJURY (Home, street, affice bldg.	farm, 20f.	(City or to	wn)	(Co	unty)	(State)
21. I certify th alive an	at I attended the 9 15	decease 19.5	-10	leath ac	. 19.40 to curred at 12.	15 M.	from the		d an the		
PHYSICIAN'S NAME (Type)	Herb	pr	+ R.70	bia	S	0		1			
22a. BURIAL, CREMATION REMOVAL (Specify) Burial	10.2.58		22c. NAME OF CEMET					City, tawn, or		(State	:)
23. FUNERAL DIRECTOR'S	S SIGNATURE	200	ADDRESS	- 0	240.	REC'D BY RE	GISTRAR	24b. REGIST		ATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIFFICATION: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shault detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 1 mild be filled with the registrar prior to burial, cremation, or remaval, and in any event within 72 haurs after death. VS A15 (4) 1SM 9/SS

Annalyzak Monak *811 Van Standal night . hoursell measured barrens . whose the thought the tone of the cone of

VS A15 (4) 15M 9/55

I

•
Setas
dir
by the funeral
1
4.24
4
filler
Vieta
comple
puo
Sicion S
Sho
ding

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

TACOR CEDTIEICATE OF DEATH 10625

	7.01	025	CERTIF	ICAII	COF	DEAIL	1		Reg. Di	ist. No	
	SHINGTON		MARYLA	ND	USUAL RE	MARYI		d lived. If institution b. COUNTY	WASE	IINC	TON
HAGERS	f outside corporate limit	s, write	c. LENGTH OF STAY IN 51 YR		3 H	AGERS!	rown	rote limits, write R	URAL ond	give ne	arest town)
9. NAME OF HOSPIT	At (If not in hospital, g	ive street	oddress)	1	d. STREET	ADDRESS EAST	AVE.				IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	FREDER		WILLI.	AM		NING	4. DATE OF DEATH	SEPT.	th	Dş	7 Year 58
5. SEX MALE	WHITE	WIDOWE		5	,	/1881		9. AGE (In years lost birthday)	Months	Days	Hours Min.
RETIRED	ON (Give kind of work ding life even if retired) BARBER	lone 10b.	OWN SHOP	INDUSTRY		ARYLAI		ountry)	12. CI		S.A.
MOSES	K. FLEMIN	G		14		RACY		BETH KI	MBLI	<u>.</u>	
15. WAS DECEASED EVER	R IN U. S. ARMED FORCE If yes, give war or dates of se	CES? 16.	SOCIAL SECURITY NO.	17. INFOR		ORRIS	FLEN		GERS MI	TOI	WN
	the under-		re for (a). (b), and (c).) repe arter lyoundid	io Sc fail	lerot	ic Hea	of De	sease wil	ZI _	ZZOZ	ERVAL BETWEEN SET AND DEATH DYN +
PART II. OTH			CRIBE HOW INJURY OCC						EN IN PAR	T 1(o) 1	P. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year	20d. IN While of work	Nat while	e. PLACE C foctory,	F INJURY street, affi	(Home, farm, ice bldg., etc.)	20f. (City	or tawn)	(0	Caunty)	(State)
21. I certify the alive on 7.	of I offended the	decease , 195	ed from 195 S, and that de	ath acc		ing.			nd an tl		te stated above. DATE SIGNED 9 458
PHYSICIAN'S F.	FLUSby	/	/		Ha	gers	for	1 Mg			
220. BURIAL, CREMATION REMOVAL SPECIFY)	9/10/5		REST HA		MATORY CEM.			TON (City, Town, o	MD.		(Stote)
23. FUNERAL DIRECTOR'S	SIGNATURE &	Ha	ADDRESS J	7	ref		BY REGISTI	-0	TRAR'S SIG	GNATUR	
	1	1		/				5-4	will it.	Tras	ud

		CERTIFIC		
			e leri ii.	
	Selection Control			
	THE LANGE		THE RESERVE OF THE PARTY OF THE	
	DE SINA			
国 网络艾克	AND THE SECTION			
THE ZONG				
A Contract of the				
A Contract of the				
	ati, 77			
	ati, 77			

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10626 CERTIFICATE OF DEATH

10626

	~00%	,			Reg. Dist	. No.
1. PLACE OF DEATH o. COUNTY		MARYLAND	2. USUAL RESIDENCE (WE	nere deceased lived.	If institution: Residence	befare admission)
WASHINGTO			MARYLAN		WASHINGTO	
 b. CITY OR TOWN (If outside corp RURAL and give nearest town) 	orate limits, writ	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limi	its, write RURAL and give	ve nearest town)
HAGERSTOWN		3 DAYS	X BROWNSV	ILLE		
d. NAME OF HOSPITAL (If not in OR INSTITUTION			STREET ADDRESS	100		e. IS RESIDENCE ON A FARM?
WASH.CO.H		1	11./			YES NO
3. NAME OF DECEASED (Type or print)	First NDA	Middle	FRAVEL	4. DATE OF DEATH SEP	Month TEMBER 20	Doy Year 195819
5. SEX 6. COLOR (OR RACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE	(In years IF UNDER 1	YEAR IF UNDER 24 HRS.
FEMALE WHI	TE WIDO	OWED DIVORCED	APRIL 17 1	952 6		Days Hours Min.
10a. USUAL OCCUPATION (Give kind during most of working life, even	af work done	Ob. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote	ar fareign country)	12. CITI2	EN OF WHAT COUNTRY
NONE	ir retired)	AT HOME	HAGERSTO	WN WASH.	CO.MD. I	J.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N			
JAMES R.FR.	AVEL		DOROTH	Y MILLS		
15. WAS DECEASED EVER IN U. S. AF	MED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT		Address	
NO			AMES R.FRAV	EL BROWN	SVILLE WA	ASH.CO.MD.
18. CAUSE OF DEATH [Enter or	/	r line far (a), (b), and (c).				INTERVAL BETWEEN
PART I, DEATH WAS CAU	CAUSE (a)	neval edem	a			12 nous
391.2	DUE TO	n ·				
Conditions, if ony, which)	(b)	18rain abs a	us			12 days
gave rise to immediate (cause (o), stating the under-	DUE TO	Porain als co				
lying cause last.	(c)	Olilis Meder	1			170ays
PART II. OTHER SIGNIFIC	ANT CONDITION	S CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	NAL DISEASE COND	ITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
3						YES NO
PART II. OTHER SIGNIFIC 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING II CAUSE O (IF EITHER, NOTIFY MEDICAL EX.	NG DEATH AMINER) 206. D	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I ar Part II of it	em 18.)	
20c. TIME OF INJURY Month, Haur a. m. p. m.	Wh		LACE OF INJURY (Home, form actory, street, affice bldg., etc	.) 20f. (City or town.)	n) (Co	ounty) (State)
21. I certify that I attend	ded the dece	eased from 9-18	, 19 58, to	9-20	1958 that I la	ist saw the deceased
alive an 9-20			h occurred at 8 15 @	7		
Oh.	_ /) and mor deal		ADDRESS (Street, cit	v or town, state)	DATE SIGNED
ACTUAL SIGNATURE	sent /	pullen /h.D	E. Marg	aret Sullivan,	M. D.	9-22-58
	1		314	N. Potomac	St.	
PHYSICIAN'S NAME (Type)	J		Hoge	rstown, Maryl	and	
22a. BURIAL, CREMATION, 22b. DAT	TE THEREOF	22c. NAME OF CEMETERY C			ity, tawn, or caunty)	(State)
BURIAL SE	PT.23 1	1958 BROWNSVI	LLE HIGHTS	CEMETERY	BROWNSVI	
23. FUNERAL DIRECTOR'S SIGNATUR	1	ADDRESS		D BY REGISTRAR	246. REGISTRAR'S SIGN	
John D. Da	UT IK	200112 Voio	na s DATE	SEP 2 6 '58	arthur S.	, / Uponue

A SHIP SEAL THE SEAL SEAL SEAL SEAL SEAL SEAL SEAL SEA	HTABO TO ST	CERTIFICA		
				SHOURT BUILDING
The same of the same of the same of	riteui - all	37.45		
	THE STATE OF			
			mission and the	
			a.	THE STATE OF
	Service March 1881			
	Tab.			
	felt Supplied State			
	TO GOT ST			
		aligner with trace and		
	E Page			
· We the out loope it stall			10.725.0545.01	
	THE REAL PROPERTY.	A STREET, L		

VS A15 (4) 15M 9/55

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 10007

	1	n	C	0	109	
	1	U	O	2	1	
_		4,7	-		-	

10021				Reg.	Dist. No.	
1. PLACE OF DEATH a. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who s. STATE Maryland	L	If institution: Residue COUNTY	dence befare o	dmission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o			nd give nearest	town)
Hagerstown	D. O. A.	03 Hagers	town			
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS				S RESIDENCE
Wash. County Hospi	18.1	706 Summi			YE	ES NO
NAME OF DECEASED (Type or print) BESSIE	MAUGANS	GARVIN	4. DATE OF DEATH Se	Manth ep tember	Day 20	Yeor 1958
SEX 6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE	(In years IF UNE	DER I YEAR IF	
Female White WIDOW			35 73			ours Min.
a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)		STRY 11. BIRTHPLACE (State	or foreign country)	12.	CITIZEN OF W	VHAT COUNT
Housewife	wn Home	Edgemont	Wash Co	Md.	USA	
FATHER'S NAME		14. MOTHER'S MAIDEN N	AME			
David M. Maugans		Susan	Forrest			
WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT		Address		
No	None A	mmon S. Gar	vin 706	Summit	Ave	
18. CAUSE OF DEATH [Enter only one cause per lin	ne for (a), (b), and (c).]	Hagersto	m Md.		INTERVA	AL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cardia	tand	Till		1 1	AND DEATH
1420.0 DUE TO		2				o - row-row
Conditions, if any, which) (b)	Complete	least	bloc	k	1-	git
gave rise to immediate codes (a), stating the under-lying couse last.	Weirs	Senti le	earl a	lineare		sen
200. ACCIDENT WAS UNDERLYING CONTRIBUTING CO	CRIBE HOW INJURFOCCURRE	seending	NAL DISEASE COND	remov		VAS AUTOPSY ERFORMED? S NO
20c. TIME OF INJURY Month, Day, Year 20d. It Hour a. m. 19 White at war.	Not while fac	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.	20f. (City or taw	n)	(County)	(State
21. I certify that I attended the decease				, 1957, that		
alive on 20 711 19	and that death	occurred at 3 P1	_M, from the		the date s	pate sign
ACTUAL SIGNATURE / Kirlband /	1 Benfor	M.D		, or lown, sigle)		
PHYSICIAN'S NAME (Type) RICHARD T. BINEOR	D. M. D.	1135 POTOMA	C AVE. H	AGERSTOW	N, Mo	22 SE
Po. BURIAL, CREMATION. 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (C	ity, tawn, or county	y)	(State)
Burial 9/23/58	Rose Hill Co	emetery	Hagerst	own Was	sh Go	Ma
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'I	BY REGISTRAR	24b. REGISTRAR'S		
Andrew K. Coffman Ha	agerstown Md	DATE SE	P 2 6 '58	anthun,	& Kineski	

			6 4 K	
				Principle of Many Co.
	•			
	•			
11.60		1 1	ATTOM OF THE	
			1 S 2 S 3 S 4 S 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1	Commence of the Land of the Commence of the
30 32 .45 .167	Chiagail	NA PARCYOS COLL		anoile 1 . T. makes 1 8 Committee
		10 ag		
A THOUSANT				ell general to Wardas

VS A1S (4) 1SM 9/55 81

MARYLAND	STATE	DEPARTMENT	OF HEALTH-BALTIMORE,	18

0690	CERTIFICATE	OF	DEATH
.0628	CERTIFICATE	0.	DEATH

Reg. Dist. No. 10628

b. CITY OF TOWN (if counted scapporate limits, write #URAL and give nearest form) I de days 1 de days 1 de days 1 de days 1 de street address Was bit source Was shington County Hospital 1 de street address Was water st. Was shington County Hospital 1 de street address Was water st. Was shington County Hospital 1 de street address Was shington County Hospital 2 de street address Was shington Cou	1.	PLACE OF DEATH O. COUNTY WA	shington	MARYLA	0 5	ATE	here decease	d lived. If instituti b. COUNTY	on Residence Washi	before odm	ission)
ON ASINDITUDION COUNTRY Hospital W. Water St. ON ASSETTION Grover Cleveland Gaver 1. Day Sept. 16, 19 58 SEX Grover Cleveland Gaver 1. Death Sept. 16, 19 58 SEX ACCORDERATE TO ASSETT OF SUSPINATION		_BURAL and give ne	arest town)					orate limits, write R	URAL and giv	e nearest to	wn)
SECULD OF COLOR RACE Color of Race Color o		OR INSTITUTION			11/		r St.			ON	A FARM?
100. USUAL OCCUPATION Give kind of work done 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) and of working life, were if retired bouse contractor Highland, Fred. Co., Md. 13. FATHER'S NAME Phillip Gaver 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 16. CAUSE OF DEATH [Enter only one cours per lyne for (o), (b), and (c)] PART IL DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO DE CONSTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO DE CONSTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO DE CONSTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO DE CONSTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO DE CONSTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO DE CONSTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO DE CONSTRUCTION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO DECEMBED. YES NOT DECEMBED. YES NO DECEMBED. YES NO DECEMBED. YES NOT DECEMBED. YE		DECEASED			l G	-	OF	Se	pt. 1	6,	19 58
during most of working life, even if retired CATPOINTER Phillip Gaver 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 16. CAUSE OF DEATH [Enter only one course per type for [c], (b), and (c).] 18. CAUSE OF DEATH [Enter only one course per type for [c], (b), and (c).] 19. CAUSE OF DEATH [Enter only one course per type for [c], (b), and (c).] 10. Conditions, if only, which did to course [c], and the cour	S. S				- Oot		892	9. AGE (In years lost birthday) 65 yrs.	Months D	YEAR IF UN Oys Hour	DER 24 HRS. Min.
Phillip Gaver 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 16. CAUSE OF DEATH [Enter only one course per lyne for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one course per lyne for (o), (b), and (c).] 19. CAUSE OF DEATH [Enter only one course per lyne for (o), (b), and (c).] 10. CAUSE OF DEATH [Enter only one course per lyne for (o), (b), and (c).] 10. CAUSE OF DEATH [Enter only one course per lyne for (o), (b), and (c).] 10. CAUSE OF DEATH [Enter only one course per lyne for (o), (b), and (c).] 10. Cause of Death [Enter only one course per lyne for (o), (b), and (c).] 10. Cause of Death [Enter only one course per lyne for (o), (b), and (c).] 10. Cause of Death [Enter only one course per lyne for (o), (b), and (c).] 10. Cause of Death [Enter only one course per lyne for (o), (b), and (c).] 10. Cause of Death [Enter only one course per lyne for (o), (b), and (c).] 10. Cause of Death [Enter only one course per lyne for (o), (b), and (c).] 10. Cause of Death [Enter only one course per lyne for (o), (b), and (c).] 10. Cause of Death [Enter only one course per lyne for (o), (b), and (c).] 10. Cause of Death [Enter only one course per lyne for (o), (b), and (c).] 10. Cause of Death [Enter only one course per lyne for (o), (b), and (c).] 10. Cause of Death [Enter only one course per lyne for (o), (b), and (c).] 10. Cause of Death [Enter only one course per lyne for (o), (b), and (c).] 10. Cause of Death [Enter only one course per lyne for (o), (b), and, one course one course one course one course of Death [Enter only one course one	100	during most of work	ng life, even if retired)							EN OF WHA	AT COUNTRY?
18. CAUSE OF DEATH [Enter only one course per time for (a). (b). and (c).] 18. CAUSE OF DEATH [Enter only one course per time for (a). (b). and (c).] 18. CAUSE OF DEATH [Enter only one course per time for (a). (b). and (c).] 19. CAUSE OF DEATH [Enter only one course per time for (a). (b). and (c).] 19. CAUSE OF DEATH [Enter only one course per time for (a). (b). and (c).] 19. CAUSE OF DEATH [Enter only one course per time for (a). (b). and (c).] 19. CAUSE OF DEATH [Enter only one course per time for (a). (b). and (c).] 19. CAUSE OF DEATH [Enter only one course per time for (a). (b). and (c).] 19. CAUSE OF DEATH [Enter only one course per time for (a). (b). and (c).] 19. CAUSE OF DEATH [In other significant conditions contributions to other terminal disease condition given in part (a). (c). And the per time for the terminal disease condition given in part (a). (c). And the per time for the terminal disease condition given in part (a). (c). (c). And the per time for the terminal disease condition given in part (a). (c). (c). (c). (c). (c). (c). (c). (c	13.	FATHER'S NAME	Phillip Ga	ver	14. MO	OTHER'S MAIDEN		na E. H	ooper		
PART II. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c)	15. (Yes	i, no or unknown]	f yes, give war or dates of service)				r, Sm				
gave rise to immediate couse (a). Stating the under lying couse lost. Part II. Other SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES ON ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Manth, Day, Year Hour o. m.		PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	erely	He	meral	age	,0			
20c. TIME OF INJURY Manth, Day, Year Hour a.m. In the cause of the deceased from the		gave rise to in cause (a), stating t	mediate Dus TO	rlarige	-51	lero	sis			10-	yro
20c. TIME OF INJURY Manth, Day, Year Hour a.m. In the cause of the deceased from the	CATION	PART II. OTH	ER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEAT	H BUT NOT REL	ATED TO THE TERM	AINAL DISEAS	SE CONDITION GIV	EN IN PART 1	PERI	ORMED?
Hour a.m. 19 While at wark of	L CERTIF	OR CONTRIBUTING	CAUSE OF DEATH	CRIBE HOW INJURY OCC	URRED. (Enter	nature of injury in	Part I ar Par	t II of item 18.)	10.14		
alive on feath and the date stoted above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) ADDRESS (Street, city or town, state) PHYSICIAN'S NAME (Type) DUTIAL 220. BURIAL CREMATION, PEMOVAL (Specify) DUTIAL 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240. REC'D BY REGI	MEDICA	Haur a.m.	While	Not while	PLACE OF II factory, stre	NJURY (Home, fari et, affice bldg., et	m, 20f. (City	y or tawn)	(Co	unty)	(State)
ACTUAL SIGNATURE PHYSICIAN'S GALLER M.D. 220. BUT 1811 220. DATE THEREOF SMITHS DUTY COMMETTY OF CREMATORY SMITHS DUTY COMMETTY SMITHS DUTY AND SMITHS DUTY		// .	at I attended the deceas								
NAME (Type) G A CONTROL OF COUNTY) 220. BURIAL, CREMATION, PEMOVAL (Snecify) 9-19-58 220. NAME OF CEMETERY OR CREMATORY Smiths burg Cometery Smiths		ACTUAL SIGNATURE	44/40	Les and Mar d		Sm.				All 1	pate signed
PEMOVAL (Specify) DUTIAT 9-19-58 Smithsburg Cemetery Smithsburg And 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REC'D BY REGISTRAR'S SIGNATURE	220	NAME (Type)	A DAH	LER M	D	TORY	1234 TOCA	TION ICH Jawa	ary	fas	ud
CEO 2 0 1EO		PEMOVAL (Specify)							Ala.	. (31	ole)
	23.	FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS		101 000		TO 40 040	CADINIC CICA		

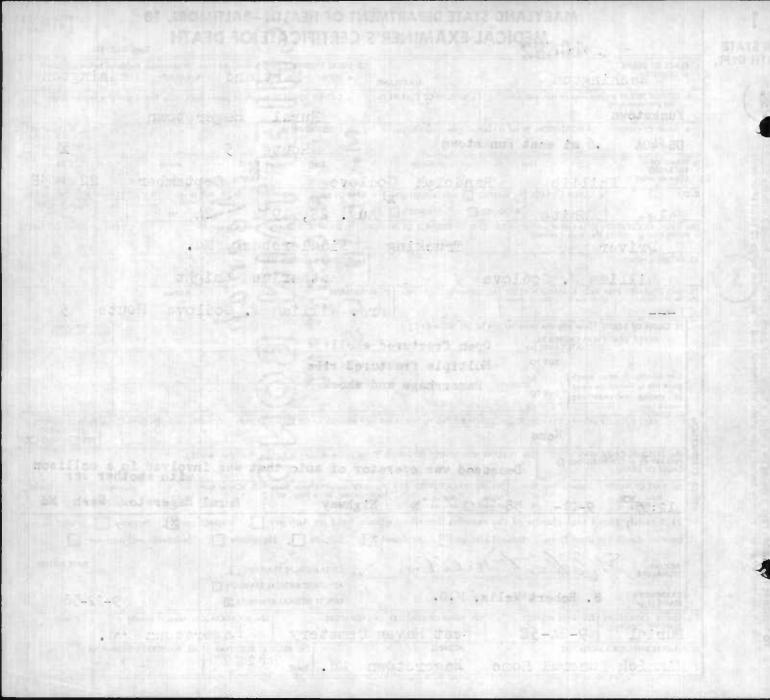
10.56 notice quality and the solution of the teque III la amorpa de and the state of t The same of the sa O N S A H C. Ramidu - S. Croud and California - S. S. L. S. L. S. note . Treatment of a son. Saft the burge, we have

de

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	0	6	2	9

	4.000/							Keg. Di	11, 110.	
. PLACE OF DEATH		MARY	11	2. USUAL RESI	Mary	land	d. If institu	tion: Residen		eton
b. CITY OR TOWN (I	If outside corporate limits, write B	URAL C. LENGTH OF STAY	N 1b	c. CITY OR 1	TOWN (If ou	itside corporate	limits, write	RURAL ond	give neor	est town)
Funkstown				X R	ural	Hage	rstov	m		
		nat in hospital, give street address)	d. STREET AL		110,80	Lacov	11		IS RESIDENCE
US#40A	.6 mi east			1	Route	5			1	ON A FARM?
3. NAME OF DECEASED (Type or print)	Phillip	Randolph	God 1	ove	4.	DATE OF DEATH Se	Month		Doy 22	Year 19.58
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED				9. AG	E (In years	1	YEAR IF	UNDER 24 HRS.
Male	White '	VIDOWED DIVORCED [Δι	ig. 28	, 193		birthday)	Months [Days H	ours Min.
100. USUAL OCCUPATE	ON (Give kind of work do	ne 10b. KIND OF BUSINESS OR I	NDUSTRY				1	12. CITIZ	EN OF W	HAT COUNTRY?
during most of working	ng life, even if retired)	Truckin			lersb		d.			
13. FATHER'S NAME		TIGGATII	-	4. MOTHER'S A			u •			
TATA 7 3 -	iam W. God	OVA	8		herin	Market and the	cht			
	FR IN U. S. ARMED FORCE		17. INFO		HELLI	.6 11111	Address			
[Yes, no, or unknown]	(If yes, give war at dates of serv				1 4	107		Dan	4 -	E
	(c	P	IVIT'S	. Wil:	liam	W. GOQ	love	Rou		2
	TH WAS CAUSED BY:	per line for (a), (b), and (c).		200						AETWEEN AD DEATH
CALL.	IMMEDIATE CAUSE (0)	Open fractur	ed s	kull						
816X	DUE TO	Multiple fra	etur	ed ribe	100					
Conditions, if										
gove rise to imme		Hemorrhage	and	BHOCK	LIFE A					
couse last.	(c)									
PART II. OT	HER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH	BUT NO	RELATED TO T	HE TERMINA	L DISEASE CON	DITION GIV	EN IN PART	1(0) 19.	VAS AUTOPSY
Ř	None								YES	ERFORMED?
PART II. OT	USE WAS 20b.	DESCRIBE HOW INJURY OCCUR	RED. (Ente	r noture of inju	ry in Port 1	or Part II of item	18.)			
CAUSE OF DEATH.	INTRIBUTING []	Deceased was ope	rato	r of au	to the	at was i	nvolv	ed in	8 00	llison
		20d. INJURY OCCURRED 20					W. J. Balla	anoth	TOT C	(State)
20c. TIME OF INJU	· 0 01 10 F	While Not while	ractory	, street, office t	oldg., etc.)			rstown	44	
		Sot work at work		ghway			-			
		of the remains described	-		Autopsy	, Inspec	tion X,	Inquiry	<u>, П.</u>	and in my
opinion death	resulted from: No	itural causes], Accid	ent K	, Suicide	☐, Ho	micide [],	Undeter	mined m	anner	
<	UD 0-	+),000								ATT CICALED
SIGNATURE	roals.	Theles	^	A.D. CHIEF ME	DICAL EXAM	AINER 🗍			D	ATE SIGNED
EVA MINIEDIO				ASSISTAN	T MEDICAL	EXAMINER [
NAME (Type)	S. Robert V	Wells, M.D.		DEPUTY A	MEDICAL EXA	MINER 📆		9	7-22-	58
220 BURIAL, CREMATIC	ON, 226. DATE THEREOF	22c. NAME OF CEMETE	RY OR CR	EMATORY	22	d. LOCATION (City, town, o	r county)		(State)
REMOVAL (Specify Burial	9-24-58	Rest Hav	en (emete:		Min out	rstov	11 FT	đ.	
23. FUNERAL DIRECTOR	S'S SIGNATURE	ADDRESS			No. REC'D B	Y REGISTRAR	-	TRAR'S SIGN	NATURE	
Minnich	Funeral Ho	ome Hagerst	own	Md.	DATE SE	2 5 '58	a.	Thung S.	4	
212-22-2 10 4 24	2 422 42 41		2 4477	11204	DAIL			14.	/ walls	



PAS

VS A1S (4) 15M 9/5S

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Pag	Dies

1	0	6	3	0
		3 (02	2

10629 **CERTIFICATE OF DEATH**

Reg.	Dist.	No.	

1.	PLACE OF DEATH o. COUNTY Washin	gton		MARYLA		USUAL RESID		ere deceased	lived. If institut			odmissio	n)
Г	b. CITY OR TOWN (If RURAL and give ne	outside corporate limi	ts, write	c, LENGTH OF STAY IN	1b	c. CITY OR 1	OWN (If or	utside corpor	ote limits, write l	RURAL ond	give neare	st town)	
L	Hagers	town		4 Hrs	0	3 Ha	gers	town					
	d. NAME OF HOSPITA OR INSTITUTION WASD.	al (If not in hospital, g				d. STREET A		otoma	.c St	37,4		IS RESID	ARM?
3.	NAME OF DECEASED (Type or print)	Fir HATTE	st	Middle BELL	GR	OVES		4. DATE OF DEATH	Septem		37 Doy	Ye	58
Π.	sex Female	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIED		July J		78	O. AGE (In years lost birthdoy)	IF UNDER Months	-		
10		N (Give kind of work ing life, even if retired		KIND OF BUSINESS OR	NDUSTR'	Fron	ACE (Stote of	or foreign cor	rren C		JSA	WHAT C	OUNTRY?
13	. FATHER'S NAME	* *				4. MOTHER'S	MAIDEN N	AME					
L	Ewell	Rose			73	El:	lza J	ane (rovest	,			
	. WAS DECEASED EVER			SOCIAL SECURITY NO.	17. INFO		omi R	lose]	24 So	Po to:	mac	st	
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o		fulmone	ny	Dole:	lager	e towi) India			AND D	
	Conditions, if ar			Dissexe	the	well.	A C	rseo	al,		53	ges.	
	gove rise to in codse (o), stoting to lying couse lost.			arterosc	ezu	ro.		Pur	nl		6	En.	
CEPTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	E BUT NO	T RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GI	VEN IN PAR		WAS AL PERFORI	MED?
		CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OCC	URRED. (Enter noture o	f injury in P	ort I or Port	II of item 1B.)		W.		
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yes	20d. IN While of worl	Not while	le. PLACE factor	OF INJURY (I	dome, form, bldg., etc.	20f. (City	or town)	(0	County)		(State)
	actual Signature	at Vattended the	decease 181	and that d			-	ADDRESS (Str		state)	ne date	stated DAT	
7	PHYSICIAN'S NAME (Type)	Philip J.		man, M.D.	PV OP C	PENATORY		24 1004	ON (City to				-// >
B	REMOVAL (Specify)	9/30/58		Rose will	~	etery			on (City. town,	Wa.sh	. Ob	(Stote) Md	
23	. FUNERAL DIRECTOR'S		Uow	ADDRESS erstown M	2		24a. REC'D	BY REGISTR		STRAR'S SIC			

			Martin	
				Maria Series
	The second secon			
profit in the second	AND DESCRIPTION			
I Service				
	C. C.			
	TO THE			
Property of the Party of the Pa				
The state of the s				
		10.1	se i du	

FRACTURESTALL Combejon Lo can that we about top week A MEIN Mother Contraction

1)	
	8	
I		\
		(

	200	_4	-	
	>	~		
	4	P		
	.=	0		
	ed	-		
	=	es		
	>	60		
	0	٥		
	9	vi		90
	D.	Ser	/	-
	Ö	9	£	
	70	0	8	
	Š	0	6	
	0	ē,	1	-
	0	8	ō	
	Sic	0	2	
	4	Ö	9	
	0	еп	2	
	6	-	72	
	÷	356	C	
	Ca	e	F.	
	4	0	3	
	0	C	=	
	4	ě	0	
	7	-	é	
	Ď	+	×	
	8	E	ō	
	2	9	2.	
ċ	Sign	-	ъ	
Ö	C	USI	5	
5	9	0		
2	0	-	0	
ā.	ö	.0	0	
5	40	2	e	
ö	ō	4)	-	
e	0	th.	0	
=	E	22	c'	
-	e	0	-2	
0	' is	20	0	
0	÷	-	0	
ā	P	Po-	Ü	
õ	#	Pe	0	
4	4	0	- 2	
P	8	Ö	۵	
>	2	de.	0	
۵			U	
0	Cit.		.E	
2	0	린	0	
erc	7	ō	ō	
3	04	S	St	
8	끶	3	6	
×	5	96	1	
20	-	0	he	
may be retained by the hospital or attending physician.	0		des	
	TO FUNERAL DISECTOR: After this certificate has been signed by the attending physician and campletely filled in by y			
	AIC	6.4		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

funeral director, id be filed with

	10	630	CERTI	FICA	TIE OF DE	AIR			Reg. Dist.	No. 30	2
1. PLACE OF DEATH COUNTY Washing	ton		MARY	LAND	2. USUAL RESIDER	3		b. COUNTY	en Residence	before admis	sion)
RURAL and give n	If outside corporate li learest town)	mits, write	c. LENGTH OF STAY	25	c. CITY OR TO			mits, write RI	URAL ond giv	re nearest tow	n)
Hager			2 Da	78	<u> </u>	erstov	n				
or institution	TAL (If not in hospital,	Hosp 1			d. STREET ADD	lizabe	th g	t			FARM?
3. NAME OF DECEASED (Type or print)	RALPH	First	Middle VICTOR		HARNE		A.E.	Mon eptem	ber 4	Doy 1958	Year
5. SEX	6. COLOR OR RAC	7. MARI	RIED NEVER MARRI	ED	B. DATE OF BIRTH	214 12	9. AC	E (In years t bythday)		YEAR IF UND	
Male	White	WIDOW	ED DIVORCE	0 🗆	April 1	6 1891		67 yrs.	Months D	ays Hours	Min.
100. USUAL OCCUPATI during most of wor	ON (Give kind of working life, even if retire	k done 10b.	KIND OF BUSINESS C	R INDUS	TRY 11. BIRTHPLAC	E (Stote or for	eign country)		12. CITIZ	EN OF WHAT	
Labore	r	G€	entral Ch	om C		town !	lash.	Co M	d.	USA	
3. FATHER'S NAME					14. MOTHER'S M						
	Harne					lly Go	OMer				
15. WAS DECEASED EVI (Yes, no. or unknown)	ER IN U. S. ARMED FO	f service)	social security NO 1-09-9811	-	elvin Ha	rne J	r 21	Eliza		St	
			ine for (a), (b), and (c))	Hage	ratow	n Md.			INTERVAL 8	
PARI I. DE	ATH WAS CAUSED 8Y IMMEDIATE CAUSE	(0)	leux B	ny	store 1	Heart	tan	me		57	un
260 X	DUE 1	ro o	,	0	. · A.	1: "	,	1 -	1 4 5	11.	
Conditions, if a	Immediate	(b) (b)	trisc	eras	The Cau	usasi	ulen	alla	k.	yar	2
cottse (o), stating lying cause lost.	the under- DUE	(c) A	Jiabota,	he	llitas					Gy	an
PART II, OT	HER SIGNIFICANT CO	PNDITIONS	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO TH	HE TERMINAL D	ISEASE CON	DITION GIV	EN IN PART 1	PERFC	AUTOPSY ORMED?
20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY O	CCURRED). (Enter noture of it	njury in Part 1	or Port II of	item 18.)			
20c. TIME OF INJUI	RY Month, Day, 1	While		20e. PLA fac	CE OF INJURY IHO	ine, farm, 20f	(City or to	wn)	(Co	unty)	(Stote)
	hat I attended th	e deceas	sed from	ut.	19/8	ta	+ Jen	10	that I la	st saw the	decease
alive an	4 Jen	1 19		death	accurred at_=	5 PM	from the			date state	
	1	7	1	acam	40001104 40_2		ESS (Street, c				ATE SIGNED
ACTUAL	JAV	Wir	kom		A.D. 135	NO PO	AMOTO	CST		4151	18
PHYSICIAN'S NAME (Type)	6/0. V	VILSE	IN, M.D.		HAGEF	RSTOWN	V, MAF	RYLAN	D	111	Wasanaa
220. BURIAL, CREMATIC		EOF	22c. NAME OF CEM	ETERY OF	CREMATORY	22d.	LOCATION (City, town, o	r county)	(Stat	(e)
Burial Specify	9/7/58	3	Funksto	wn	Geme tery		kstow	ARREST	3 /74	37.3	
23. FUNERAL DIRECTOR			ADDRESS	24.0	2.	4a. REC'D BY I	REGISTRAR	24b. REGIS	TRAR'S SIGN	IATURE	
Andrew I	Coffma	n Ha	gerstown	Md.	D	ATE SEP	9 '58	a	rethur S.	traus	

	A LITTER	-1	
Fig.	Lag rates	SIM	of remarkable
	17/2 45/34		Company of the Party of the Par
			Capalinical

M

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10684

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	WASHINGTO	N	MAI	RYLAND	2. USUAL o. STAT	RESIDENCE (Where deceased	lived. If institut b. COUNTY		nce before of		
b. CITY OR TOWN RURAL ond give of BIG SPR.		ls, wrile	c. LENGTH OF STA			OR TOWN (ote limits, write l	URAL ond	give neares	l town)	
OR INSTITUTION	TAL (If not in hospital, gRING ROAD	ive street			1	EET ADDRESS		AD			S RESII	
3. NAME OF DECEASED (Type or print)	HOW AR.		PAUL		HART	Last	4. DATE OF DEATH	Mai		Doy 5		eor 9 58
S. SEX MALE	6. COLOR OR RACE WHITE	7. MARR	- M- An		B. DATE OF JULY		1904	9. AGE (In years last birthday) 54 yrs.	Months	Doys H	UNDER	R 24 HRS. Min.
during most of wo	ON (Give kind of work king life, even if retired	done 10b.	M. RAII			MARYL.		untry)		S.A.	VHAT (COUNTRY
13. FATHER'S NAME ARTHUR	HART					RY BE.						
15. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give wor or dates of s	nevice)	SOCIAL SECURITY N		RS.	EDITH	HART	BIG S		G, MD		
PART I. DE. 782, 44 Conditions, if c gove rise to couse (o), stating lying couse lost.	mmediate (, (Uns	kn	ara ou	D TO THE TER	- Fa	CONDITION GIV	VEN IN DAR	INTERV ONSET	AND I	DEATH
20g. ACCIDENT W.	AS UNDERLYING []		CRIBE HOW INJURY							P	ERFOR	MED?
44	MEDICAL EXAMINER) RY Month, Day, Yec 19	While	NJURY OCCURRED Not while	20e. PL/ for	ACE OF INJU	JRY I Home, fo office bldg.,	orm, 20f. (City	or town)	((County)		(State)
21. I certify it olive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	not I oftended the	192		NIE.	M.D.	Lu	ADDRESS (SIR	the causes ceet, city or town,	and an t		DA1	d obove TE SIGNED
REMOVAL ISPECTOR	9/8/58	ð	ST. PA	ULS		la. ar		EAR SPR			(Stote)	
John +	Clar	R.	CLEAR S	TRIT	NG, MD	DATES	EP 8 '58	2	11 - 0			

		WHE.	
		wirth.	-
		051	
		713	
			A. A. F. S.
	and the state of t		

0		dire	eq	
I C NOSTIAL OR ALIENDING PRINCIAN: The law requires that the death certificate be executed within 24 habits after death. To		TO FUNERAL DIFFICOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral dire	page 3 shauld detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2. Ald be filed	<
ier o		o fu	90	1
20 0		y Ab	7	-
1000		in b	puo	1
70		led	12	
נונו		ly fil	960	
3		letel	3.	
Urec		dwo	per	· P
exec		p	d u	deal
90		000	orbo	fter
010		icia	e cc	rs of
LILL		phy	MO	Pos
Ce		ing	se re	77
Jeor L		lend	plea	thir
ne		e of	en	3 40
100		y th	É	eve.
CS I		q pa	Tait.	VOO
901		ign	be	- F
2	Cian	en i	onsil	Ono
Ó	hysi	s be	31-tr	DA
ž	9 6	e ha	Duric	DE S
Z	indi	ical	he	20
25	otte	ertif	00	00
-	0 1	his c	use	mont
5	spite	er t	far	Cre
2	o ho	: Aft	ched	irial
	y the	OR	deta	d of
×	Q P	V.	Ď	70"
2	oine	D	olo	I Dr
2	e ref	RAI	sho	istra
2	y b	SNO	ge 3	200
0	E	OF	od	the
· v	S	A15	(4))
1	5N	19/	55	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10631 **CERTIFICATE OF DEATH**

10634

Reg. Dist. No.

1	1. PLACE OF DEATH o. COUNTY	TNGTON	MARYLANG	O STATE	/here deceased lived. If institut b. COUNT		fore admission)			
		outside corporate limits, write	c. LENGTH OF STAY IN 11		outside corporate limits, write l	RURAL and give n	egrest fown)			
	RURAL ond give nec	arest lown)								
	HAGERS	AL (If not in hospital, give stree	1 3 WEEKS	d. STREET ADDRESS	OMIN		e. IS RESIDENCE			
	OR INSTITUTION			/	T A MED A THEORY		ON A FARM?			
		TON COUNTY			LAND AVENUE		YES NO			
	3. NAME OF DECEASED	First	Middle	lost	4. DATE Mo	- Jane	Day Year			
9	(Type or print)	MAXINE	ELIZABETI		DEATHSEPTEME		195819			
	5. SEX		RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Days	AR IF UNDER 24 HRS.			
	FEMALE	The state of the s	WED DIVORCED	APRIL 13	1918 40 yrs					
r	10o. USUAL OCCUPATION during most of working	N (Give kind of work done 10)	b. KIND OF BUSINESS OR INI	DUSTRY 11. BIRTHPLACE (SION	e or foreign country)	12. CITIZEN	OF WHAT COUNTRY?			
4	HOUSE W	IFE	OWN HOME	BOONSBOR	O WASH.CO.MI	U.S	.A.			
	13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME					
	MELVI	N M.JONES		PAULINE	SMITH					
1	15. WAS DECEASED EVER	IN U. S. ARMED FORCES? To	6. SOCIAL SECURITY NO. 17	. INFORMANT	950 GUIL	PORD AV.	ENUE			
	NO		1	ELVIN M.JON	ES HAGERSTO	WN MD.				
	18. CAUSE OF DEAT	TH [Enter only one couse per	line for (o), (b), and (c).]			l IN	TERVAL BETWEEN			
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o)			, right lung	Of	160 WENTH			
	162.1	1621 put to with mediastinal, cerebral, and								
7	Conditions, if on	hepatic metastasis								
	gove rise to im	mediate (_							
	lying couse lost.	he under-								
			CONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TERM	AINAL DISEASE CONDITION GI	VEN IN PART 1(0)	19. WAS AUTOPSY			
	TY 1	None					PERFORMED?			
	PART II. OTHI	S UNDERLYING [7] 20b. DE	ESCRIBE HOW INJURY OCCUP	RRED. (Enter nature of injury in	Port I or Port II of item 18.)		100			
	OR CONTRIBUTING	CAUSE OF DEATH	THE RESERVE							
			INJURY OCCURRED 20e.	PLACE OF INJURY (Home, for	m, 20f. (City or town)	(Count	y) (Stote)			
	Hour o.m.	Whil	e Not while	foctory, street, office bldg., et		(000111	y, (Siole)			
		01 #	ork of work	F0	0.05	0				
					9-25 , 19.5					
	alive on	7-25 , 19	58 , and that dec	oth occurred at LU:	40M PMm the causes					
	ACTUAL	Val 71	78-0	3 - 3	ADDRESS (Street, city or town,		DATE SIGNED			
,	SIGNATURE	John 1.	1 /chne	M.D. 131 W.W.	ashington St	, Hager				
	PHYSICIAN'S						Md.			
	NAME (Type)	ohn H. Kehne								
	220. BURIAL, CREMATION		22c. NAME OF CEMETERY		22d. LOCATION (City, town,		(State)			
	REMOBULE AT	SEPT.28 19			BOONSBORO V					
	23. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	240. REC	THE PREGISTRAS 246. REG					
	John!	D. Kast	Wordshi	O YO' DATE	UCT 1 58	arthun S.	Trans			

...a.v .Gr.bb.HERT WESTER and a many more particular section in the section of the section o . D. R. Agullet 198 might Californ

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10000

PAGE OF DEATH ON COUNTY Washington MARYLAND D. CITY OR TOWN (If outside corporate limits, write cutter) D. CITY OR TOWN (If outside corporate limits, write RUPAL and give nearest lowe) D. CITY OR TOWN (If outside corporate limits, write RUPAL and give nearest lowe) D. CITY OR TOWN (If outside corporate limits, write RUPAL and give nearest lowe) D. CITY OR TOWN (If outside corporate limits, write RUPAL and give nearest lowe) D. CITY OR TOWN (If outside corporate limits, write RUPAL and give nearest lowe) D. CITY OR TOWN (If outside corporate limits, write RUPAL and give nearest lowe) D. CITY OR TOWN (If outside corporate limits, write RUPAL and give nearest lowe) D. CITY OR TOWN (If outside corporate limits, write RUPAL and give nearest lowe) D. CITY OR TOWN (If outside corporate limits, write RUPAL and give nearest lowe) D. CITY OR TOWN (If outside corporate limits, write RUPAL and give nearest lowe) D. CITY OR TOWN (If outside corporate limits, write RUPAL and give nearest lowe) D. CITY OR TOWN (If outside corporate limits, write RUPAL and give nearest lowe) D. CITY OR TOWN (If outside corporate limits, write RUPAL and give nearest lowe) D. CITY OR TOWN (If outside corporate limits, write RUPAL and give nearest lowe) D. CITY OR TOWN (If outside corporate limits, write RUPAL and give nearest lowe) D. CITY OR TOWN (If outside corporate limits, write RUPAL and give nearest lowe) D. CORPORATION (Give limit dwww.dom.) D. CORPORATION (Give limit dwww.dom.		1.063	32	CERTIFIC	CAT	TE OF DEATH			Reg. Di	-	11109!)
REVERS TOWN HAS BY VECTOR RACE ANAME OF HOSPITAL (If not in hospital, give street oddress) ANAME OF HOSPITAL (If not in hospital, give street oddress) ANAME OF HOSPITAL (If not in hospital, give street oddress) ANAME OF HOSPITAL (If not in hospital, give street oddress) ANAME OF BERNA Christine HAWBAKER BOATE OF BOATE OF BOATE OF BOATE OF BOATE OF BOATE OF BOATE NO IN THE NOTIFIED HAWBAKER OF BOATE OF BOA	- COUNTY	ngton		MARYLANI	11	o. STATE Maryla	ere deceased					
d. STREET ADDRESS WAS AN ALL OF THE STREET ADDRESS WAS BECASED FOR MACK PORT AND PART OF THE CONTRIBUTION COURTED TO	RURAL and give nearest	lown)	s, write	E. LENGTH OF STAY IN THE	ь	~ 7		ote limits, write R			-	
MARKE OF DECEASED EMM Christine HAWBARE A. DATE DEATH Doy Year DECEASED Sept. 10 9 58	d. NAME OF HOSPITAL (IF	nat in hospital, g				d. STREET ADDRESS		Stroot		e	ON A FARM	13
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in year) 10 to 10 t	NAME OF DECEASED	Fire	t	Middle	H	Lost	4. DATE OF	Mon	th		Yeor	
a. USLA OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY U.S. A ### Chair County Washington Co.* #### Chair County Washington Co.* #### Chair County Washington Co.* ###################################] B.	DATE OF BIRTH		9. AGE (In years last byethday)	IF UNDER	1 YEAR	F UNDER 24 H	IRS.
WAS DECEASED EVER IN U. S. ARMED FORCES? No. of withdrawn) WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NPS. Charles Hart Williamsport Md. 18. CAUSE OF DEATH [Enter only one couse per line for (o) (b)) yand (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), stoling the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO POR CONTRIBUTING CAUSE OF DEATH [IF EITHER NOTIFY MEDICAL EXAMINER] 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (Enter noture of injury in Part II at item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (Enter noture of injury in Part II at item 18.) ON TOWN CONTRIBUTION CONTRIBUTION CONTRIBUTION COURRED (Injury Home, form, 20f. (City or town) (County) (Stoling than the dide stated about the course of the co	during most of working life Cleaning W	e, even if refired)	Was	shington Co	0.	Scotland	Pa.	untry)				ATRY:
If yes, give we're of oddes of service 217 09 9554 Mrs. Charles Hart Williamsport Md.		hael No	eff					ikman				
18. CAUSE OF DEATH [Enter only one couse per line for (o) (5) yand (c).] PART I. DEATH WAS CAUSE 05 DUE TO Conditions, if ony, which gove rise to immediate cause (o), stoling the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS PERFORMED? YES DOE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY MONTH, Doy, Yeor 20d. INJURY OCCURRED HOW INJURY OCCURRED of work of work of work of work of work of work of work. 21. I certify that lattended the deceased fram. 22. I certify that lattended the deceased fram. 23. ADDRESS (Street, city or lown, stole) ADDRESS (Street, city or lown, stole) PHYSICIAN'S Philip J. Hirshman, M.D. Physician's Philip J. Hirshman, M.D.	rs. no. or unknown) (If yes.	give wor or dates of se					Har			port	; Ma.	
Conditions, if ony, which gove rise to immediate cause (a), stoting the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS'S PERFORMED? 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II af item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of two work of two work of two work of two work. 21. I certify that lattended the deceased fram. Item 10 two work of two work of two work. 22. I certify that lattended the deceased fram. Item 10 two work of two work. 23. I certify that lattended the deceased fram. Item 10 two work. 24. I certify that lattended the deceased fram. Item 10 two work. 25. I certify that lattended the deceased fram. Item 10 two work. 26. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote of two work). 27. I certify that lattended the deceased fram. Item 10 two work. 28. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote of two work). 29. The office bldg. etc.) 20c. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (County) (Stote of two work). 29. The office bldg. etc.) 20c. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (County) (County) (Stote of two work). 20c. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (PART I. DEATH W.	AS CAUSED BY:		/ /								7 H
PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II af item 18.) 20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19	gove rise to immed cause (o), stating the <u>un</u>	hich (b)		arthur	els	the Heart	Her	sesse		, ?		
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 Vhile of work of wor	PART II. OTHER SIG	GNIFICANT CON	OITIONS CO	NTRIBUTING TO DEATH B	UT NO	OT RELATED TO THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PAR		PERFORMED?	?
Hour o. m. p. m. 19 While of work of	OR CONTRIBUTING CA	USE OF DEATH I	20b. DESCR	IBE HOW INJURY OCCUR	RED. (Enter noture of injury in Po	art I ar Part	II of item 18.)				
alive an defection of the deceased ram of the	Hour o.m.		While	Not while	PLACI	OF INJURY (Home, form, y, street, office bldg., etc.)	20f. (City	or town)	(0	County)	(Sto	ote)
NAME (Type) THELLE OF THE SHIRELE, 17-D-	ACTUAL SIGNATURE PHYSICIAN'S DIS	100	lun	and that dea	ith o	ccurred at /0 30/	DDRESS (St	the causes a	nd an th	he date	stated abo	ave
REMOVAL (Specify)	o. BURIAL, CREMATION, 22				ORC	REMATORY	22d. LOCAT	ION (City, town, o	or county)		(State)	

24a. REC'D BY REGISTRAR DATE SEP 1 5 '58

24b. REGISTRAR'S SIGNATURE
Circhard S. Hours

may be retained by TO FUNERAL DIRECTOR Page 3 shauld the registrar prior TO HOSPITAL OR VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

AT AROMITAN HITARING DEMORA	THE STATE CONTACT SIA
HYARG TO STADEN	Programme and the second
AND A PROPER POSITION OF THE PARTY OF THE PA	
	D. S. James and J. Company of the Co

Coffman Hagerstown Md.

DATE SEP 2 9 '58

arthur & Thous

Page

haurs after death.

VS A15 (4)

15M 9/55

Andrew

191			
	A SAME TO A SECOND STREET	Daniel Carrier S	
	e de reliair Telifon a		
	NAC SEE BOOK OF THE STATE OF		AND THE RESERVE OF THE PARTY OF
	on most in most to		

CERTIFICATE OF DEATH

Reg. Dist. No.

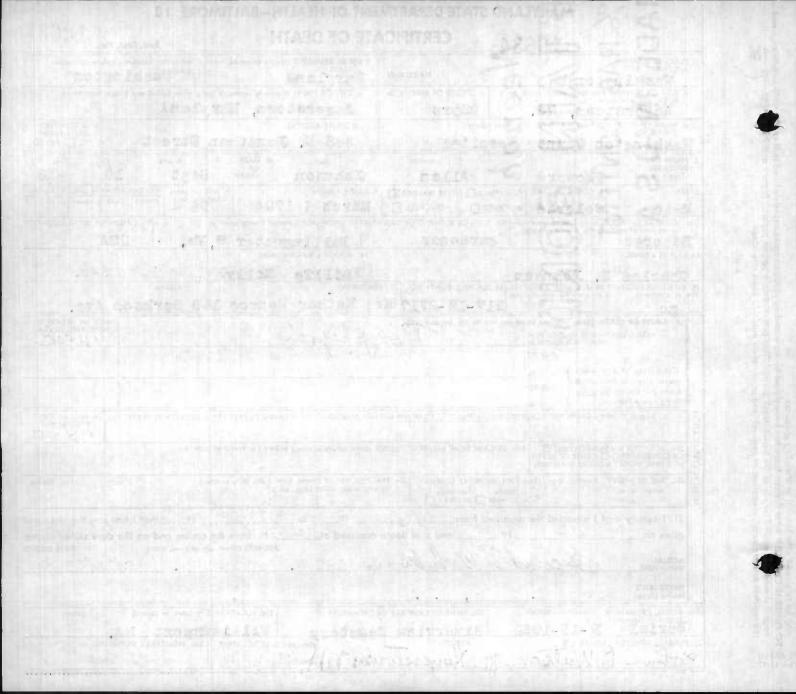
10637

1, PLACE OF DEATH 0. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTWASHINGTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lagerstown, Md. 52 yrs	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 3 Ragerstown, Maryland
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Washington County Respital	7d. STREET ADDRESS 342 N. Jonathan Street e. IS RESIDENCE ON A FARM? YES \(\sum NO \(\sum \)
3. NAME OF DECEASED (Type or print) Howard Allen	Johnson 4. Date Month Day Year Of DEATH Sept 10 19 58
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Male Colored WIDOWED DIVORCED	B. DATE OF BIRTH March 4 1904 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min. Mi
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 13. FATHER'S NAME	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 14. MOTHER'S MAIDEN NAME
(Yes, no or unknown) (If yes, give wor or dates of service)	INFORMANT Address TS Esther Monroe 185 Berkson Ave.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (o), stating the under-lying cause lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH UIF EITHER, NOTIFY MEDICAL EXAMINER) ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pl	ED. (Enter nature of injury in Part I or Part II of item 18.) LACE OF INJURY (Hame, form, actory, street, office bldg., etc.) (County) (State)
21. I certify that I attended the deceased fram. 9/5/5	ADDRESS (Street, city or town, state) M.D. 136 N. Potomac St. 9/15/58 Hagers town. Menyland
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C. BURIAL (Specify) 9-15-1958 RIVERYIEW	CR CREMATORY 22d. LOCATION (City, town, or county) (State) Williamsport Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 246. REGISTRAR'S SIGNATURE 247. Thomas

OR: After this certificate has been signed by the attending physician and completely filled in by the teached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 staburial, cremation, or removal, and in any event within 72 haurs after death. may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been six

page 3 should the registrar prior VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10635

CERTIFICATE OF DEATH

Reg. Dist. No.10638

i. PLACE OF DEATH o. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside corporate fimits, write RURAL and give nearest town)
Magerstown, Maryland 47 vrs.	03 Magerstown, Maryland
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION. 414 N. Jonathan Street	d. STREET ADDRESS 414 X. Jonathan Street e. IS RESIDENCE ON A FARM? YES NOTE
3. NAME OF DECEASED (Type or print) Rachel First Middle Trancis	Johnson 4. DATE Month Day Yeor OF DEATH Sept 10 19 58
	8. DATE OF BIRTH 9. AGE (In yeors left UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) 86 yrs. 8 DATE OF BIRTH 9. AGE (In yeors left UNDER 1 YEAR IF UNDER 24 HRS. Months) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	
during most of working life, even if retired) Reusewife Own home	Gedar Hill Va. USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Peter Mamilton	Charlette Gilbert
	NFORMANT Address
	rs Edna Wilkerson 414 N. Jonathan St.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	Pendin Vanda Pan Onset and Death
443 X DUE TO	a como remento mesero 1/1 4/15
Canditians, if any, which) (b)	
gave rise to immediate DUE TO	
lying couse last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PL/ Haur a. m. 19 While Nat while at wark of wark	ACE OF INJURY (Home, form, 20f. (City or tawn) (County) (State) ctory, street, affice bldg., etc.)
21. I certify that I attended the deceased fram. /-/	19.31 , tg 9-10 , 19.55 , that I last saw the deceased
alive an $9-10-58$, 19, and that death	F 13
0 0 00 0	ADDRESS (Street, city or town, stote) DATE SIGNED
SIGNATURE Cole et Courage Will	MD. 137W. Washington 9-10-58
PHYSICIAN'S Robert P. Congrace	Vfaques four may
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) 4-13-1958	R CREMATORY 22d, LOCATION (City, town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
and the land of the same The	an Mal DATE SEP 1 6 58 Cirtum S. Kraus

		FATERN DISTRICT		
	To a serie de la companya della companya della companya de la companya della comp	LINEAR THE LAND	alexall lass	
even despet nex	Part T Alla			
		TARREST L	Barrels of the	2004 70 847
		A TO SERVICE FOR THE PROPERTY.		
	FIRST HARDS	bent rec.		
	Silv excelvent		Table of Table 1	THE SECTION
ST HERVISON IN AIR	Spread He book for	and the second		
	March 1 74	MALE IN THE PARTY		
and 2 plus to tortion the ores	ALC: PERSON			
	Hard Market St. In house to			
		\$2000 L		

10000 CEDTIEICATE OF DEATH

10639

	10020	CERTIFICA	ALE OF DEATH	Reg.	Dist. No.
	PLACE OF DEATH O. COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE MARYLAN)		dence before odmission) SHINGTON
	b. CITY OR TOWN (If outside corporate limits, write RUMA (1973) 170 (1974)	60 YRS.	e. CITY OR TOWN (II WING TO)	orote limits, write RURAL on	nd give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street WASHINGTON COUNTY HO	oddress) SPITAL	d. STREET ADDRESS 17 McKEE AVE.		IS RESIDENCE ON A FARM? YES NO N
	NAME OF First DECEASED (Type or print) ELMER CH	IARLES JO	NES 4. DATE OF DEATH	SEPT.	Doy Yeor 5 19 58
-	MALE 6. COLOR OR RACE 7. MARI		B. DATE OF BIRTH 12/5/1883	9. AGE (In years lost birthdoy) 74 yrs.	ER 1 YEAR IF UNDER 24 HRS. Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) RETIRED WOOD WORKER	FURNITURE CO		country) 12. (U.S.A.
13.	IVERSON S. JONES		14. MOTHER'S MAIDEN NAME SARAH HAUSE		
15. Y•	(If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. III	MR. HAROLD E.	^ 件 AGE JONES	RSTOWN MD.
	PART I. DEATH Enter only one cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate cause (o), stating the under	eronety rterio	Thrombosi clerotic Her	ent diseas	INTERVAL BETWEEN ONSET AND DEATH IS 12 1-4
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS (c) POLY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Kidney	NOT RELATED TO THE TERMINAL DISEA: O, (Enter nature of injury in Port 1 or Po		ART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. II Hour o. m. 19 of wor	Not while foc	CE OF INJURY (Home, form, 20f. (Cit tory, street, office bldg., etc.)	y or town)	(County) (Stote)
	21. I certify that I attended the deceas alive an second to the second t		accurred at /ils P.M. fro ADDRESS (S		the date stated above DATE SIGNI SELVE 9-5 170 2
23.	REMOYAL (Specify) 9/8/58 FUNERAL DIRECTOR'S SIGNATURE	ROSE HILL		GERSTOWN M	ID.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4 funeral director, moy be retained by the hospital or ottending physician.

TO FUNERAL DIPTCTOR: After this certificate has been signed by the ottending physician and completely filled in by page 3 show detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 1 the registrar proof to burial, cremation, or removal, and in any event within 72 hours offer death. VS A15 (4) 15M 9/55

TE OF DEATH	See Lat AMILY	
		HOUSE THE AV
		HOST STATE OF
. 17 1. 181. 172		termon north This
	ok of Section	
The Property of the State of th		Alias autori
	r i salam	
		SUMBLE HONORYE
no a ranka .m		
	e average 3	TO SERVICE AND THE SERVICE AND
	Tel 22 Martinus	APPROPRIATE TO A SECURE TO
drawntyst, call station cases are not street		(3) to 14 0000
		Francisco
		The second of th
North Control of the	A 15 C 15 C 15	The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

OFFICE AND A SECOND REPORT OF THE PARTY OF T AND THE PROPERTY OF THE PROPER

Washington

Day

IF UNDER I YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED? YES NO IN

(State)

(State)

(County)

Month

e. IS RESIDENCE

ON A FARMS

YES NOTE

Year

19 58

Charles F. Hess. Md.

22c. NAME OF CEMETERY OR CREMATORY

22b. DATE THEREOF

9-7-58

FUNER 0

Page

death.

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION,

23. FUNERAL DIRECTOR'S SIGNATURE

Smithsburg Cemetery Smithsburg 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR Minnich Funeral Home, Smithsburg, Md. arthur S. Kraus

22d. LOCATION (City, town, or county)

				MINISTER AND STREET
			CERTIFICA	18685
				northeinen
		Secretary		
		3 GET		
	Total Legal	Konnich	naria.	
				week without tolores
e , E 1	cellar, nesuser	LIGHT TO		
				Control (See See See See See See See See See Se
Harries III	Part Factors			
Harries III				
				Control Contro
				Control (Control (Con
		Let All the second of the seco		

funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIFFICATION: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 wild be filled with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. N

VS A1S (4) 15M 9/55 90

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1,000	0686	CERTIFICATE	OF DEATH
-------	------	-------------	----------

Reg. Dist. No. 10642

1	PLACE OF DEATH	lashington					IDENCE (Wh	ere deceased live		nı Residence b	oefare ad	mission)
	and the same of th	SIE BIE BIE BOK	,	MA	RYLAND	a. STATE	DARW	LAMA	b. COUNTY	FRED	ERI	ick
	b. CITY OR TOWN (IF	outside carporate limi		c. LENGTH OF ST	AY IN 1b	c. CITY OR	TOWN (IF a	utside carporate	limits, write RU	RAL and give	nearest f	lawn)
	RURAL B	consBoRo				RUL	RAL	mipp	LETO	WII 1	OX	-2 Y
	d. NAME OF HOSPITA	AL (If not in hospital, s	ive street o			d. STREET	ADDRESS				01	RESIDENCE N A FARM?
1	REEDY-FAI	HRITEY M	EMOR	CIAL HO	ME						YES	ON D
3	NAME OF DECEASED	(Fin	sî	Mide		Lo	ost	4. DATE OF	Manti	h	Doy	Year
	(Type or print)	ID	A		ELLE		TER	DEATH	9		9	1958
5	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MAI	RRIED 🔲	8. DATE OF BIR	TH	9. A	GE (In years at birthday)		-	NDER 24 HRS.
L	FEMALE	WHITE.	WIDOWE	- (3)	CED 🗌	4 -	28-1	1876	82 yrs.			
11	o. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired		KIND OF BUSINESS	S OR INDU	STRY 11. BIRTHE	PLACE (State	ar foreign cauntry	y)	12. CITIZEI	N OF WI	HAT COUNTRY?
	FARMER'S		'	FARM		m	AR V	LAND		1 2	1,5	
13	. FATHER'S NAME	3-11		11.10111		14. MOTHER	S MAIDEN N	IAME				
	0	C (1)	2.	00000				1				
1	. WAS DECEASED EVER	R IN U. S. ARMED FOR	DU-	SOCIAL SECURITY I	10 17 1	INFORMANT	cy u	PARRET	7 F LT Addre	h- /-	745	SARD
	(et, no or unknown) (If yes, give war or dates of t		SOCIAL SECURITI	NO. 17. 1	, and the state of			Addre	753		
1	720				R	CHAR	DLI	GHTER	. 6	ETTYS	Bu	RG, P
Г	18. CAUSE OF DEA	TH [Enter anly one co	use per lin	ie far (o), (b), and	(c).]	£		17	1		NTERVAL	BETWEEN
П	PART I. DEAT	TH WAS CAUSED BY:	14	energla	2-00	anlen	110201	10002	11	(DNSETA	ND DEATH
Н	11-10	DUE TO		()	7	-07-00						1
	700.0			V								/
	Conditions, if ar	nmediate			-							
Т	cause (a), stating t											
H.	lying cause last.) {c)									
3	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED T	O THE TERMI	NAL DISEASE CO	NDITION GIVE	N IN PART 1) 19. W.	AS AUTOPSY RFORMED?
13												ON O
MOIT A DISTRESS	20a. ACCIDENT WA	CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY	OCCURRE	D. (Enter nature	af injury in F	Part I ar Part II a	f item 18.)			
		MEDICAL EXAMINER)										
A SOUTH	20c. TIME OF INJURY Have a.m. p. m.	Manth, Day, Ye	or 20d. IN While at wark	Not while at work	20e. PL fo	ACE OF INJURY ctary, street, affin	(Hame, farm, ce bldg., etc.	, 20f. (City ar to	awn)	(Cou	nty)	(State)
1				411	and.	1 ()	F . D	ent. a	1.50			
ı	110	at I attended the	decease	ed from 11000	Part -	/, 19 <u>-3-9</u>	, 10	4-0-1	, 19-3-4	,that I las	t saw t	he deceased
1	alive an Little	101 5	194	and th	at death	accurred a	1././	M, fram th	e causes at	nd an the	date st	ated above.
L		11/11	4.1	1/2			12'	ADDRESS (Street	city ar tawn, s	tate)	,	DATE SIGNED
	SIGNATURE	11.00	Liv	my		M.D.	100	- mal	200-			14/58
		1	1 ,	1							/ /	77-7
L	PHYSICIAN'S NAME (Type)	6. Wi	Lif L	an						Md	r	
2	a. BURIAL, CREMATION	N, 22b. DATE THEREC)F	22c. NAME OF CI	EMETERY C	R CREMATORY		22d. LOCATION	(City, lawn, or	caunly)	(State)
	REMOVAL (Specify)	9-11-	1958	minne	TOW	n REFO	RMED	minnl	ETOW	П		MD.
2	. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	7017	1./2/0		D_BY REGISTRAR		TRAR'S SIGNA	TURE	
	6.100 411	1 0	les.		T	, h	SE	P 1 1 '58		Chun S. A		
_	GLADHIL	V 70'		TIDDLE	OWI	1, 1170	DATE					

OF DEATH		CERT	
11.63 F 0.07			
Carlotte Street			
	an do W		

funeral director, and be filed with may be retained by the haspital ar attending physician.

TO FUNERAL DISTINATION: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld, detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

I

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/55

	10	638	CERTIF	ICAT	E OF DEAT	Ή		Reg. Di	st. No.		
1. PLACE OF DEATH o. COUNTY WASH	INGTON		MARYL		USUAL RESIDENCE (VO. STATE MARYLAN)	_	ed lived. If institution by COUNTY WASH	on: Residen	ce befo	re admiss	sion)
	f outside corporate limearest tawn)	its, write	c. LENGTH OF STAY II	N 1ь	C. CITY OR TOWN (IN	outside carp		URAL ond	give nec	arest tawn	n)
OR INSTITUTION	AL (If not in hospital, GTON COUN		oddress) HOSPITAL		d. STREET ADDRESS	r ave	NUE			e. IS RES ON A YES	FARM?
3. NAME OF DECEASED (Type or print)	OSCAR	rst	Middle ASA		LUM	4. DATE	Mon SEPTEME		Do	1958	Yeor
5. SEX MALE	6. COLOR OR RACE	7. MARR	NEVER MARRIED DIVORCED	_	ATE OF BIRTH	30	9. AGE (In years last birthdoy) 77 yes.	Months	Days Days	Hours	ER 24 HRS. Min.
PRODUCE	king life, even if retired)	KIND OF BUSINESS OR RETIRED		11. BIRTHPLACE (Sto	le or foreign	country)		S.A		COUNTRY
	AM S.LUM						BEACHLE	<i>ζ</i>			
15. WAS DECEASED EVE (Yes, no. or unknown) NO	R IN U. S. ARMED FOI (It yes, give wor or dates of		SOCIAL SECURITY NO.	17. INFO	MARY E.	LUM 2	10 EAST.		HAG	ERS	TOWN
Canditions, if a gave rise ta i couse (a), stating lying cause lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO ny, which mmediate the under-		e far (a), (b), ond (c). I have a second (c). I hav	erte	tion ly resolute TRELATEDATO THE TER alters	// //	gluers SE CONDITION GIV	elizat	ONS	19. WAS	D. DEATH WILL
(IF EITHER, NOTIFY	CAUSE OF DEATH		CRIBE HOW INJURY OF								
20c. TIME OF INJUR Haur a. m. p. m.	Y Month, Doy, Ye	While of wor	Not while	foctory	OF INJURY (Home, for, street, office bldg., e	rm, 207. (Ci	ty ar town)	(1	County)		(State)
actual signature PHYSICIAN'S NAME (Type)		adle,	5 8, and that of the dead of t	<u>м.</u> Ро		ADDRESS (om the causes of Street, city or town,	and on t		ite state	
220. BURIAL, CREMATIC REMOVAD SPERITY)	AL SEPT.1		1.7	~	TERY MT		WASH . C			(Stot	ie)
23. FUNERAL DIRECTOR	S SIGNATURE	Sep (ADDIESS	Shin	MO DATE S	EP 1 6	F0 -	strar's sie			

		OFFITTED TO		
MARGE STATE OF STATE				
	Laborate a			
	A STATE OF THE STATE OF			
			MAL THE	Lalle
	U.S. Oak.			
		· Star Hall		
Maria de la composición dela composición de la composición dela composición dela composición dela composición de la composición de la composición de la composición dela composición de la composición dela	AN MESSAGE			
	148			

uneral director, Id be filed with

may be retained b the registrar prio

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1.0639 CERTIFICATE OF DEATH

10644 Reg. Dist. No. 302

1	. PLACE OF DEATH o. COUNTY Washins	rton		MA	RYLAND	o. STATE	land	ere deceased	lived. If institution was 5. COUNTY	n: Residence	e before	odmissi	on)
	b. CITY OR TOWN (IF	outside corporate limi	ls, write	c. LENGTH OF STA	AY IN 1b		TOWN (If o	utside corpor	ote limits, write R	URAL ond g	ive near	est town)
	RURAL and give ned	rest town)		13	Day	03	Hage:	rstow	n				
-	d. NAME OF HOSPITA		ive street o	oddress)		d. STREET					e.	IS RESI	
	or institution Wash Co	ounty Hos	pita	1		22 Sc	Mull	berry	St				FARM?
	. NAME OF	Fir		Mide	dle	lo		4. DATE	Man	th	Day		fear
X	(Type or print)	EDITH		BENCH	OFF	MARTI	N	OF DEATH	Septen		24		9 58
D	. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MAR	RIED	8. DATE OF BIRT	TH =		9. AGE (In years lost birthday)	IF UNDER			
1	Female	White	WIDOWE	DIVOR	CED 🗌	Feby 2	35 18	84	74 yrs.	Months	Days	Hours	Min.
1	0a. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHP	LACE (Stote	or foreign co	untry)	12. CITI	ZEN OF	WHAT	COUNTRY?
	Saleslad			Retired		Paran	count	Wash	. Co . N	id.	US	Δ	
ī	3. FATHER'S NAME					14. MOTHER'S				- 100	0.0	- 1	
	Davi	ld W. Ben	chof	f		0	levi	a Oswa	a.1 d				
1	5. WAS DECEASED EVER				NO. 17. II	NFORMANT	2012	W 0 B 111	Addr	ess			
	(Yes. no. or unknown)	T yes, give wor or dates of s	21.4	-09-744	2 Hoy	ward V.	Mar	tin 2	2 So 1/1	lber	rv (gt.	4
F	18. CAUSE OF DEAT	TH [Enter only one co	use per lin	ne for (o), (b), and (Hager			-		INTER	VAL BET	
1	PART I. DEAT	H WAS CAUSED BY:	, M	10000	dia	1 +2	1 22	cetil	6 20.		ONSE	TAND	DEATH
	1420.0	DUE TO		7		- Anna	140			= 171.01	13	6	1-4-
	Conditions, if on		0	ornni	22-1	16	200 m	Lec	2.4		13	6	
	gove rise to im	mediote (7	- 1	7011	1003	1.3		-	0 1	11.3
	lying couse lost.	he <u>under-</u>	Ä	tr ter	in s	clown	tic	Ho.2.2	to Disa	210.	1 2	4	-(-
1	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	O THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	1(0) 19.	WAS A	UTOPSY
			37									PERFO	RMED?
- 1	PART II. OTH	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY	OCCURRE	D. (Enter nature o	of injury in P	Port I or Port	Il of item 18.)				
	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yes	20d. IN While of work	Not while of work	20e. PU	ACE OF INJURY (story, street, office	(Home, farm te bldg., etc.	, 20f. (City	or town)	(C	ounty)		(State)
	21. I certify the	at I attended the	decease	ed from SRP	t. 2:	195	Tto SI	c. 74	4. 1951	that I le	ast sav	v the	deceased
	alive on SR	14.24	19	T, and the	at death				the causes a				
	C			1 11			-		eet, city or town,		0 0010		TE SIGNED
	SIGNATURE	and a -	/	Lolling		MD 9/1	1 N-	Poto	mac 4	+	91	20	2/5×
		0 ;	151	.ho			, /				1		-4-3
	PHYSICIAN'S NAME (Type)	layd	A -	HAFF.	mar	- E	+ 25	erst	own	, m	19.		
7	20. BURIAL, CREMATION	, 226. DATE THEREC	F	22c. NAME OF CE	METERY O	R CREMATORY	0	22d. LOCATI	ION (City, town, o	r county)		(Stote	1
	REMOVAL (Specify)	9/37/5	8	Smitheb	irg	eme ter	37	Smith		ash.	Co	Md	
2	3. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	-		24a. REC'I	BY REGISTR		TRAR'S SIG	NATURE	-	
	Andrew K.	Coffman	Hao	erst o wn	I.d.		DATESE	P 2 9 '58	3 Ori	Lung S.	Kraus		

may at the second			
	e e e e e e e e e e e e e e e e e e e		
		18 1/A /A	
The state of the s			
The state of the same of the s		A LA PROPERTY OF THE PROPERTY	
There is no worker and a superior warmer to the contract of th			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	106	340	CERT	TIFIC A	TE O	PEATI	Н		Reg. Dis	st. No.		
	PLACE OF DEATH D. COUNTY Washington			RYLAND	2. USUAL a. STAT		here deceased li	ved. If instituti b. COUNTY		ce before aahi		,
	b. CITY OR TOWN (If outside corporate li RURAL and give nearest town) His ers town		c. LENGTH OF STA	YY IN 16	c. CITY		outside corporot	e limits, write R	URAL and g	give neare	est town	
	d. NAME OF HOSPITAL (If not in hospital or institution coun	give street of	spital			73 Hig	ghland	Way			IS RESI ON A YES	
		First	Midd	Mart:	in	Last	4. DATE OF DEATH	Sept	oth	6 Day		eor 9 58
5. 9	Female 6. COLOR OR RAC White	VIDOWEE	DIVOR		eb.	BIRTH 4, 188		AGE (In years low birthdoy) yrs.	IF UNDER Months		Hours	R 24 HRS. Min.
100	USUAL OCCUPATION (Give kind of war during most of warking life, even if retire to the warking life, even if retired to the war	k done 10b. K	wn Hom			THPLACE (Stote Hagers		Md.	12. CIT	IZEN OF	WHAT	COUNTRY
13.	FATHER'S NAME John Lushba	ugh			14. MOTH	Eath	nerine	Rid	enour	r		
15. (Yes	WAS DECEASED EVER IN U. S. ARMED F(i. no. or unknown) (If yes, give wor or dates of	f carried 1	OCIAL SECURITY N 4-28-07		rs. T	helma	Carba	igh H	ess agers	stow	n W	d.
	18. CAUSE OF DEATH [Enter only one PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE	~ ~	for (a), (b), and (relie	in					INTER	VAL BET	WEEN
	Conditions, if any, which gove rise to immediate couse (o), stoting the under-lying cause lost.	(b)	Path.	rip	orth,	fina	ell t.	ocal	b.	6	72	mo.
CATION	PART II. OTHER SIGNIFICANT CO		ONTRIBUTING TO D	EATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE C	ONDITION GIV	VEN IN PART		PERFOR	MED?
CERTIF	200. ACCIDENT WAS UNDERLYING CONTRIBUTING COURSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER	20b. DESCI	RIBE HOW INJURY	OCCURRED). (Enter note	ere of injury in	Part I or Part II	of item 1B.)				
MEDICA	20c. TIME OF INJURY Month, Day, Hour a. m. 15	While	Not while of work	20e. PLA foc	CE OF INJU lory, street, o	IRY IHome, form office bldg., etc	n, 20f. (City or	town)	(0	County)		(State)
Y	21. I certify that I attended the second signature of the second signature. PHYSICIAN'S Debate To	195 rt 1	8, and the		accurred	318 1		the causes of city or town,	state)			
220	BURIAL, CREMATION, 226. DATE THER		22c. NAME OF CE	METERY OF	CREMATOR		gersto	Wn Md			(Stote	1
	Burial 9-9-5	_		Hill	Ceme		Hag	gersto	Nn.	Md.	(3.010	
	funeral director's signature Innich Funeral H	ome I	ADDRESS	own	nd.	DATE	D BY REGISTRA	R 24b. REGI	strar's sic	SNATURE		, ,

10645

		ADIRTO	10.46
			Not all of
	and throught		C. Perentage
			stanch north Links
Carlo Cas	in the state of th		Thinter HE
	ea, 4, 1885		Farlatin along
	tings trasses		
THOUSENAM			one Continue
io motorope da	a. The 2nd Carpen	20 75 TO - 88 - 9 ES	
Aon			
Same Care			
The state of the s	THE PARTY		
			and installed took your 1 ty
7 10 1 10 pap			
184 t			A Product Station
at lawers	d pill Typ Pwing!		Equal to the second sec
			Landen Consent Rose

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

18641

CERTIFICATE OF DEATH

エハハオ 丁		Reg. Dist.	No.
o. COUNTY Was hore to	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY	before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporote limits, write RURAL and give	e nearest fown)
Hagerstown	3 mos.	Rural Coveencastle	15 x - 3
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION CALLOCK Meh	onal Hone	d. STREET ADDRESS Rute #1	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Middle Elmer	Maybuch 4. DATE Month Of DEATH Soutember	Day Yeor 16, 1958
SEX 6. COLOR OR RACE 7. MARRIE	DIVORCED	8. DATE OF BIRTH 9. AGI (In years low birthday) 85 yrs. FUNDER 1 Y Months Do	
0o. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)	E	USTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZE	N OF WHAT COUNTRY
3. FATHER'S NAME	rathing	14. MOTHER'S MAIDEN NAME	C-JK-
George W. May	hugh	Rebocca Cossand	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown)	6-01-5419	Nes Presto Rie Grencerth	Rp# / Ka
18. CAUSE OF DEATH [Enter only one cause per line	far (a), (b), ond (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	arrin	om. 7 bladder	ONSET AND DEATH
/ 8 /. O DUE TO			
Conditions, If ony, which) (b)			
gove rise to immediate couse (a), stoting the under-			
lying couse lost. (c)			
5	ONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO
	RIBE HOW INJURY OCCUR	RED. (Enter noture of injury in Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Yeor 20d. IN Hour o. m. While of work	Nat while	PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.) (Cau	enty) (State)
21. I certify that I attended the decease	d from / /uly	1957, to 17 less , 195 C that I las	st saw the decease
alive an 14 Janh 195	f and that dea	th occurred at 600P. M. fram the causes and an the	date stated above
50019	12 ,	ADDRESS (Street, city or town, state)	DATE SIGNE
SIGNATURE SIGNATURE	tobolland	M.D. 115 W. Wash S.	4 9/15
PHYSICIAN'S 1-/don &	Hoachl	anlin Hageritum	m
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	Boan to fall	OR CREMATORY 22d. LOCATION (City, tawn, or caunty)	she (Stote)
3. FUNERAL DIRECTOR'S SIGNATURE!	ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGM	ATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death; Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DISTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

Anna tar	garden .		
	THE RESERVE OF THE PARTY OF THE	No.	
			200
- 18 A Sec. 19		215324	
		uth biscop HA	
PROVE THE PROPERTY OF			
PROVE THE PROPERTY OF			
PROVE THE PROPERTY OF			

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		ADRIOSSO - CEARLI	
The part of the pa			
		A To seemal destroyed	
		A CONTRACTOR OF THE CONTRACTOR	
		4.5	
	Wolfers		

桶

81

VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
10643	CERTIFICATE	OF DEATH	

CERTIFICATE OF DEATH

10648 Reg. Dist. No. 302

1. PLACE OF DEATH o. COUNTY Wa	shington		MARY	LAND	A STATE		ere decessed	l lived. If instituti b. COUNTY			ssion)
b. CITY OR TOWN RURAL and give Hagersto		ls, write	c. LENGTH OF STAY	IN 1b			utside corpor Ley Sp	rote limits, write R	URAL ond give	nearest tov	vn)
d. NAME OF HOSE OR INSTITUTION Washing		ive street o	ddress)		d. STREET A					ON	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	SHERRY	st	Middle DIANE	M	C CUMBE		4. DATE OF DEATH	Mon Septemb		Doy 15	Yeor 19 58
5. SEX Female	6. COLOR OR RACE White	7. MARRI			B. DATE OF BIRT			9. AGE (In years last birthday) 2 yrs.	Months Do	EAR IF UND	7
during most of we	TION (Give kind af work orking life, even if retired	dane 10b. k	CIND OF BUSINESS O	R INDUS	TRY 11. BIRTHPI	eley S	pring				S.A.
13. FATHER'S NAME	known				14. MOTHER'S						
	VER IN U. S. ARMED FOR	CES? 16 S	OCIAL SECURITY NO	17 12	JFORMANT	PHYLI	is Ku	Add	ie Mc (umbee	
(Yes, no, or unknown)	(If yes, give wor or dates of si	ervice)	hone			. Mc C	umbee	Berkel		ings,	W. Va.
237X Canditions, if gave rise to couse (o), stating tying cause last	g the under-	B	rain tu	more do	Jim n 9/	reg	1958	of IV	Vent.	4	days
ICATIC	THER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	YEN IN PART 1	PERF	AUTOPSY ORMED?
	VAS UNDERLYING [] IG [] CAUSE OF DEATH IY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRED). (Enter noture o	of in j ury in P	Port I or Part	11 of item 1B.)			
ZOC. TIME OF INJU Hour a.m. p. m	10	While	JURY OCCURRED Not while at work	20e. PLA fac	CE OF INJURY (tory, street, office	(Home, form, e bldg., etc.	, 20f. (City	or town)	(Cou	nty)	(State)
21. I certify of alive an	that I attended the	19.5	d fram. 9/10/8, and that	death		9:25a	M, from	8 , 19 the causes of reet, city or town, to the Hage	and an the stote)	date sta	deceased ted abave. DATE SIGNED 9/15/5
220. BURIAL, CREMATI REMOVAL (Specifical)	ON, 226. DATE THEREO		22c. NAME OF CEME Greenwa	-				ion (City, town, celey Spr.		(Sid	ote)
23. FUNERAL DIRECTO			ADDRESS Hagersto				BY REGISTI	RAR 24b. REGIS	STRAR'S SIGN	ATURE	

	HTABE DE BEATH	15 120 111		
04-90=	TO THE RESERVE OF THE PARTY.		A SHALL SELVE	
		HORSE LANGE		
	A LOUIS TO A STATE OF THE STATE			CO
			100	
the state of the s				
		Since Charles St.		
			54.44	
	•			
* •	* ()	,		
The first of the second			n-C	
				CIT
		All Sections 2		

220. BURIAL CREMATION. 226. DATE THEREOF

23. FUNERAL DIRECTOR'S SIGNATURE

hours FUNERAL C registrar 0 VS A15 (4) 15M 9/55

Page

ofter death.

22c. NAME OF CEMETERY OR CHEMATORY 22d. LOCATION (City, town, or county) Rural Hancock Wasmington

24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

ADDRESS

Olivet

DAISEP 3 0 '58

10649

. IS RESIDENCE

ON A FARM?

YES NO K

Year

1958

Rea. Dist. No.

Washington

Day

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES T

(County)

NO I

(Stote)

DATE SIGNED

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

		ATE OF DEATH			
me / almen is				37"	
			Major Chical		
	Ne doobed	Decay (Sec.)	22.4	Hiller or American	
			#21CE		
		0,5,1907		ABL 11 TON 10 TO 17	
s 6 6 8	R Transc no	ign (HeSS)	111		
		eanarair		enfolion d	
And Sign per en	Tologia i	ielejak et'			
					nutrio salesi v
					35.4
Up Statute all St. Hall of the					of Ulivea L. III
			I could		- 1200
	ogenesi Louin		devilori		ERTHE T
			1 1 1		

MARYLAND STATE DEPARTMENT OF HEALTH-CALTIMORE, ITS

director death. eral 2 by signed CTOR: 15M 9/SS

<u>a</u>

So

3 shoul

ony

filed

puo

			CONTRACT	
			Toronto.	
	MODELL CHATTER			
			TAP	
	a areato co	Harry Spire		
	3 MoZ 841			
	and with with son, to		907-4 103	
•	THE RESIDENCE PROPERTY.			
			An epopularia	
		200		
Walter Contract of the Contrac			2 2 - 7 2	
	of the second	1	DE RING	
		THE PERSON AND PROPERTY.		
	interest in the property		A Halin Land	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld stacked for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 the registrar prive to burial, crematian, ar remayal, and in any event within 72 mours, after death.

VS A15 (4) 15M 10/57 Reg. Dist. No

	1. PLACE OF DEATH o. COUNTY	2.	USUAL RESIDENCE (Whe	ere deceased	lived. If institutio	n: Reside	nce befor	e odmiss	sion)
	Washington MARYLA		o. STATE Maryla		b. COUNTY	Wash			
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	1b	c. CITY OR TOWN (If or	utside corpore	te limits, write RL				1)
	Hagerstown RFD #3 50 yrs.	X	Hagersto	own I	Id. RFD	#3			
C	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Hagerstown Md. RFD #3	1	d. STREET ADDRESS Hagerst	own I	Id. RFD	#3			FARM?
	3. NAME OF DECEASED (Type or print) ESPETIT, A	ħ/	Lost IONGA N	4. DATE OF DEATH	Mont	h	Da	y	Yeor
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	-	ATE OF BIRTH		Sept.	IF UNDER	23		19 58
	Female White WIDOWED DIVORCED	J	an. 5 1868	3	90 yrs.	Months	207	Hours	Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Home	NDUSTRY	Marylan		ntry)			WHAT	COUNTRY?
	13. FATHER'S NAME	1	4. MOTHER'S MAIDEN NA						
1	William Mongan				Boyer				
)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. or unknown) 1 (If yes, give wor or dates of service)	7. INFO			Addre	555 2 CT ± O	7.770	Md.	
	No No None	Mis	ss Bessie	Monga	n Rager	D	#3	· CL •	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					N IN PAR	ONS 2	PERFO	DEATH LIS
		PLACE foctory.	OF INJURY (Home, form, , street, office bldg., etc.)	20f. (City o	r town)	(0	County)		(State)
	21. I certify that I attended the deceased from 93 alive on 193, and that de signature Physician's NAME (Type) SEAR 122. NAME OF CEMETER REMOVAL (Specify) SOUTH 26. F. S. C.	MD.	M 8 EMATORY 2	DORESS (Street	the causes and city town, st	rate)	he dat	e state	TE SIGNED
	Burial Sept. 26-58 Greenlawn	Cer	netery		amspor			ylaı	nd
	Editte Varea Willed	les		P 2 6 '5		Thun &			

	A PITAGO TO STADISTICATE OF DEATH OF
Control of the state of the sta	
n loanist	
	Service and the service of the servi

81

30645	CERTIFICA	ATE OF DEATH	1	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY O. C	MARYLAND		rland b. COUNTY	Residence before admission) Frederick
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	DAYS	c. CITY OR TOWN (IF o	outside corporote limits, write RU	RAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION ASHING TO W COUNTY	OS 917AL	d. STREET ADDRESS Lombard	St.	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print) MRS AMY A	, Middle	NSHOUR	4. DATE Month OF DEATH SEPTEM	. out
Female White WIDOWED	DIVORCED [B. DATE OF BIRTH Sept. 11,	1888 70 yrs.	FUNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
	of Business or Indu			12. CITIZEN OF WHAT COUNTRY U.S.A.
David S. Rice			B. Fout	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or uptnown) (If yes, give war or dates of service) NO None		rvin L. Ric	e Alexandr	ia, Virginia
442 X DUE TO	LAR FIBRILL	ATION PULMONA	RY EDEMA; PNEUMO	ONITIS INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRI BRONG I ECTES I S 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	2 YEARS	NOT RELATED TO THE TERMI		N IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
20c, TIME OF INJURY Manth, Doy, Year 20d. INJURY	Not while fac	ACE OF INJURY (Home, form, street, office bldg., etc.	20f. (City or town)	(County) (Stote)
21. I certify that I attended the deceased from alive on 1958, ACTUAL SIGNATURE PHYSICIAN'S DR. W. T. LAYMAN	om. SEPT, and that death	accurred at 5/5/	M, fram the causes an ADDRESS (Street, city or town, shall ARTS BUILD!	
	NAME OF CEMETERY OF		22d. LOCATION (City, town, or Frederick	county) (Slate) Maryland
23. FUNERAL DIRECTOR'S SIGNATURE	mont, Md.	24a. REC'E		RAR'S SIGNATURE

			ř.	
	bus from			
	Lower Barrier St. 1			
			Daniel Control	
	Sect. 11, 1993 70	Deposit No.		
.1.2.1	Tana Conn	natori men		Iweevall
	duck . R stro		Edon Do	
Shippiv	rvin L. Pior malegar	E BLOS		
	egapatu ukusa paulotaa 676		94	
			12.5	
	(appearance a section of the party days			
DESCRIPTION OF	Colored Creditors	envilo	87-11-9	200
	Arregation at	fill Inouttrill	e la ste s	

10653

10646

CERTIFICATE OF DEATH

	.1.171	P 41						Reg. Dist.	. No.	
1. PLACE OF DEATH o. COUNTY	Washingt	on	MARYLA	O. SIAIL	vland		b. COUNTY	/	before odmi	
B. CITY OR TOWN (RURAL ond give n Hagerste	If outside corporate limiteorest town)		c. LENGTH OF STAY IN	10	e TOWN (IF o		rote limits, write l	RURAL and giv	ve nearest to	~n)
d. NAME OF HOSPI OR INSTITUTION Vashingto	TAL (If not in hospital, of County			d. STREET		ingt	on St.		ON	A FARM?
3. NAME OF DECEASED (Type or print)	Fir		Middle Calvin	l	ost PAV	4. DATE OF DEATH	Mo	nth	Day	Year 19 58
5. SEX	6. COLOR OR RACE		DIVORCED	B. DATE OF BIR	тн		9. AGE (In years lost birthday)	Months D	YEAR IF UN	DER 24 HRS.
Labor	W. ON (Give kind of wark king life, even if retired Vestern Re	done 10b K	IND OF BUSINESS OF I	NDUSTRY 11. BIRTH	PLACE (Stote	or foreign co		12. CITIZ	EN OF WHA	AT COUNTRY?
13. FATHER'S NAME	1 22 -				'S MAIDEN N			188		
	hen F Mu	-			usie	Mills				
1S. WAS DECEASED EVE [Yes, no. or unknown]	IR IN U. S. ARMED FOR lift yes, give wor or dates of s		OCIAL SECURITY NO.	Anna K M	urray	829	W.Wash	iren Hag	erston St.	wn Md
PART I. DEA	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o		for (a), (b), and (c).	o- Agu	wird (Calen)		INTERVAL I	D DEATH
Conditions, if a gove rise to i couse (o), stoting lying couse lost.	mmediate the under-)	Porten	son's d	isea	se.			2	yes.
_) (c		DNTRIBUTING TO DEATH	BUT NOT RELATED 1	O THE TERMI	NAL DISEASE	CONDITION GI	VEN IN PART	PERF	AUTOPSY ORMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY OCC	URRED. (Enter noture	of injury in I	Port I or Part	11 of item 18.)			
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Yes	While of work	Not while_	e. PLACE OF INJURY factory, street, offi	(Home, farm ice bldg., etc.	20f. (City	or tawn)	(Co	unty)	(State)
21. I certify the alive on SC ACTUAL SIGNATURE PHYSICIAN'S	not I attended the	19 J	and that de			ADDRESS (Str	the causes of the course of th	and on the	date sta	SATE SIGNED
220. BURIAL, CREMATIC	N, 22b. DATE THEREC		man, M.D.	RY OR CHICAY		22d. LOCAT	ION (City, town,	or county)	(Ste	ote)
REMOVAL (Specify) Burial 23. FUNERAL DIRECTOR	9.17.5	58	Park Head	U.B.	240 CAE	Park		STRAR'S SIGN	ATURE	Md.
House	I Steo	2	Hansoe	Q mel	DATE	1 9 30	ant	hun S. th	aud	

Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death, may be retained by the hispital or attending physician.

TO FUNERAL D. TOR: After this certificate has been signed by the attending physician and campletely filled in b page 3 shault. detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, crematian, ar remaval, and in any event within 77 hours after death.

VS A15 (4) 15M 9/SS

ped Casa	10 P. C.	DATE ED TOTAL	
			Peronal
	th not unitary W-450	Indique street s	ad in his a
	PARTIES TO THE PARTIES	maying decemin	
	2001.00.00	The second Statement of the second of the se	
, , ,	graset abandanan	on the seal has meaded	
	niila sieni	tage I noting	
		THE RESERVE OF THE PARTY OF THE	
3 202441	Market PS Market N. Ac.		of the
	CONTRACTOR SERVICE		To the last
		The Committee of the Co	
		The Committee of the Co	
		the transfer of the second sec	

VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
10689	CERTIFICATE	OF DEATH	

10654

-									Keg. Di	11. 140,	
1	o. COUNTY Was	shington		MARY	LAND	a CTATE	eryla	ere deceased lived	d. If institution: Residen b. COUNTY Wash	ce before odn	nission)
	b. CITY OR TOWN (RURAL and give n	outside corporate limit earest town) Nd		c. LENGTH OF STAY	IN 1b			ort Md	mits, write RURAL and	give nearest to	own)
	d. NAME OF HOSPIT	TAL (If not in hospital, gotomac St)	eet	address)		/d. STREET A		otomac	Street	10	RESIDENCE A FARM?
3	NAME OF DECEASED (Type or print)	Grove	1	Clevela	and	Palm		4. DATE OF DEATH	Sept.	Doy 17	Yeor 19 58
	Male	White	WIDOWI		0 🗆	Aug. 3	1,189	5 6	birthday) Months	Pays Hou	
1	On USUAL OCCUPATION during most of work Leather 13. FATHER'S NAME	ON (Give kind of work of king life, even if retired)	-	kind of Business of annery	R INDUS	Wil	Liams	port M		S.A	AT COUNTRY
ľ		nan Palmer				14. MOTHER'S					
19	S. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dates of se	CES? 16.	SOCIAL SECURITY NO		iformant rs. Ed:		Howar Palmer	4.14	otomac	st.
	Conditions, if a gove rise to i couse (o), stating lying couse last.	mmediote (Metast Bladd	ate	ca Ca	ich	nma		4	wh:
CATION	PART II. OT	HER SIGNIFICANT CON	OITIONS C	CONTRIBUTING TO DE		NOT RELATED TO	THE TERMIN	VAL DISEASE CON	IDITION GIVEN IN PAR	PER	S AUTOPSY FORMED?
CEDTIE	. 1	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRED	. (Enter nature of	finjury in Po	ort I or Port II of	item 18.)		
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Yea	r 20d. It While at worl	NJURY OCCURRED Not while	20e. PLA faci	CE OF INJURY (Fory, street, office	lome, form, bldg., etc.)	20f. (City or ta	wn) (C	ounty)	(Stote)
	olive on	at lattended the pt //o ME/ 1. E. Byrki	3	58, and the	death		5-78	M, fram the	., 19.58 that I I causes and an the city or lown, state) Williamspo:	ne date sta	e decease ated abave DATE SIGNE 2—/8-
1	20. BURIAL, CREMATIO REMOVAL (Specify) BURIAL	Sept. 20) <u>-</u> 58	Greenlav				22d. LOCATION (City. town, or county) msport ¹¹ a	rylan	ote) d
23	3. FUNERAL DIRECTOR	S SIGNATURE	1	William	spor	t. Ma.	240. REC'D	BY REGISTRAR 1 9 '58	24b. REGISTRAR'S SIG		

OL BEARD TO READELINED CONTRACTOR STATE AND TAKEN THE COURSE WITH THE PARTY OF THE P

FOR STATE HEALTH DEP

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral disector. Page 4 should be formed to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained to the files.

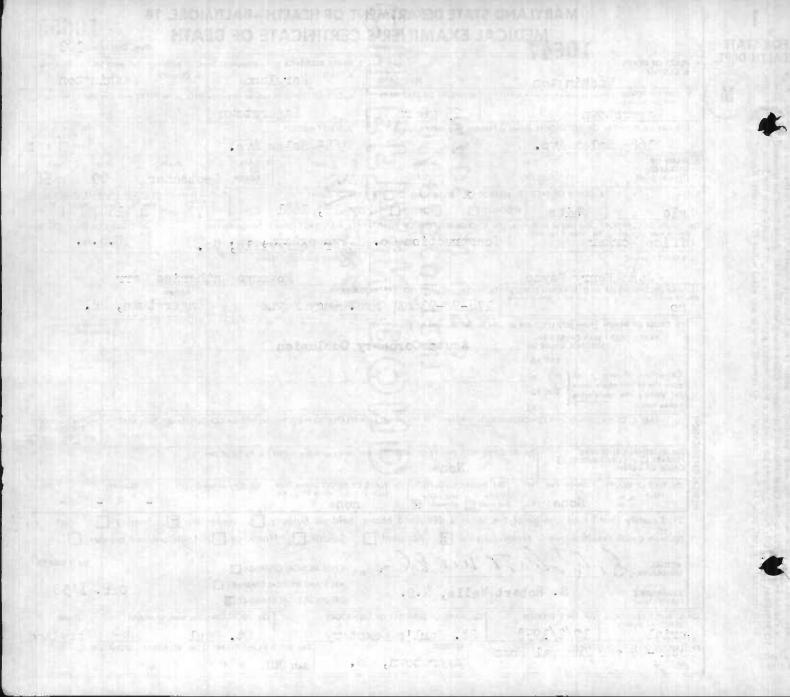
TO FUNERAL D. CTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bo of Health, ar is designated agent, priar to burial, cremation, ar removal, and in any event within 72 haurs after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10655 Reg. Dist. No. 302

o. COUNTY		ashington		MARYLAN	0.5	TATE	Where deceo	sed lived. If institu b. COUNT			
		outside corporate limits, write	RURAL	c. LENGTH OF STAY IN	1b c. C	ITY OR TOWN (If outside cor	porate limits, write	RURAL and	give neore	st town)
	gerst	own		25 years	0	Hag	erstov	m			
			f not in hos	pilot, give street oddress)	d. 5	TREET ADDRESS	,				
1	1685 S	alem Ave.			1/1	685 Sale	m Ave.				
3. NAME OF DECEASED		Fire	1	Middle		Lost	4. DATE	Month	1	Doy	Year
(Type or pr		ROBERT		JESSE	PAY	NE	DEATH	Septembe	er	29	19 58
5. SEX		6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE C	F SIRTH		9. AGE (In years last birthday)	IF UNDER 1		
Male		White	WIDOWED	DIVORCED [May	15, 1881		77 yrs.	Manths P	Ho Ho	urs Min.
10g, USUAL O	CCUPATION	N (Give kind of work d	lone 10b. K	IND OF BUSINESS OR IND	USTRY 11. 8	IRTHPLACE (Stat	e or foreign	country)	12. CITIZ	EN OF W	HAT COUNTRY
Office	Work	life, even if retired)	Co	nstruction C	0. na	ar Berry	ville	Va.	U	.S.A.	
13. FATHER'S						THER'S MAIDEN		, va			
	John F	lenry Payne						Catherine	n Parm		e. IS RESIDENCE ON A FARM? YES \(\) NO \(\) ON A FARM? YES \(\) NO \(\) OF WHAT COUNTR OF WH
	-	R IN U. S. ARMED FOR	The state of the s	SOCIAL SECURITY NO. 17	7. INFORMA		WEILIE	Address	e Dall		
NO no. or unkno	own)	(If yes, give war at dates of s	envice)	74-20-9364A		Lucy Pay	me		stown,	Md.	
		H [Enter only one cour			11101	240) 140					
gove rise (o), stati couse lo		nderlying DUE TO	DITIONS CC	ONTRIBUTING TO DEATH BE	UT NOT RELA	TED TO THE TERM	MINAL DISEAS	SE CONDITION GIV	'EN IN PART	1(o) 19. W	AS AUTOPSY RFORMED?
X										VEC	
200. EXTE	RNAL CAUS	SE WAS TRIBUTING []	b. DESCRIBE	HOW INJURY OCCURRED	D. (Enler natu	re of injury in Po	rt I or Part II	of item 18.)		162	_ NO []
200. EXTE PRIMARY CAUSE OF	OF INJURY	Y Month, Doy, Yea	r 20d. I	None NJURY OCCURRED 20e. Not while	PLACE OF IN	JURY (Home, for), office bldg., etc	m, 120f. (Cit		(Coun		
200. EXTE PRIMARY CAUSE OF	OF INJURY OF M. m. p. m.	Y Month, Doy, Yea None 19	r 20d. I While of wo	None NJURY OCCURRED Not while of work	PLACE OF INfactory, stree	JURY (Home, for), office bldg., etc 10	m, 20f. (Cit	y or fown)	-	(y)	(Stole)
200. EXTE PRIMARY CAUSE OF TOTAL HOUSE OF TOTAL HOU	or CON F DEATH. OF INJURY o. m. p. m.	Y Month, Doy, Yea None 19 at I taok charge	while of wo	None NJURY OCCURRED 20e. Pot while of work to	PLACE OF INfoctory, stree not bove, he	JURY (Home, for t, office bldg., etc 10 d on Autop	m, 20f. (Cit	y or lown)	Inquiry	(y)	(Stole)
200. EXTE PRIMARY CAUSE OF THE HOU	or CON F DEATH. OF INJURY o. m. p. m.	Y Month, Doy, Yea None 19 at I taok charge	while of wo	None NJURY OCCURRED Not while of work	PLACE OF INfoctory, stree not bove, he	JURY (Home, for t, office bldg., etc 10 d on Autop	m, 20f. (Cit	y or lown)	-	(y)	(Stole)
200. EXTE PRIMARY CAUSE OF THE HOU	or CON F DEATH. OF INJURY O. m. p. m. ertify the	Y Month, Doy, Yea None 19 at I taok charge	while of wo	None NJURY OCCURRED 20e. Pot while of work to	PLACE OF INfactory, stree not bove, he	JURY (Home, for t, office bldg., etc 10 d on Autop	m, 20f. (City	nspection k ,	Inquiry	anner	(Stole)
200. EXTE PRIMARY CAUSE O 20c. TIME How 21. I ce opinian	or CON of DEATH. OF INJURY o. m. p. m. ertify the death r	Month, Doy, Yeo None 19 at I taok charge resulted fram: N	while of wo af the r	None NJURY OCCURRED 20e. Pot while of work to	PLACE OF IN factory, stree not boove, he had M.O.	JURY (Home, for t, office bldg., etc. 16 d on Autop suicide ,	m, 20f. (City	nspection x , Undete	Inquiry rmined m	anner	(Stole) and in my
200. EXTE PRIMARY CAUSE OI 20c. TIME Hou 21. I ce opinian ACTUAL SIGNATU EXAMINI NAME (T	or CON or DEATH. OF INJURY or m. p. m. ertify the or death r URE S ER'S (PPP) CREMATION	Month, Doy, Yeo None 19 at I taok charge resulted fram: N	af the revaluation	None NJURY OCCURRED 20e. Not while a consist described of work accidental a	PLACE OF IN factory, stree not bove, he had M.o.	JURY (Home, for), office bldg., etc. d on Autopouicide , thief MEDICAL E SSISTANT MEDICAL DEPUTY MEDICAL	m, 20f. (City) sy , 1 Homicide EXAMINER CAL EXAMINER	nspection x , Undete	Inquiry rmined m	anner	(Stole) and in my TE SIGNEO
200. EXTE PRIMARY CAUSE OI 20c. TIME Hou 21. I ce opinian ACTUAL SIGNATU EXAMINI NAME (T	or CON F DEATH. OF INJURY Or m. p.m. ertify the n death r URE Fype CREMATION L (Specify)	None 19 at I taok charge resulted fram: N S. Ro	white of the relative of the r	None NJURY OCCURRED tk of work remains described of causes . Accident . Acc	PLACE OF IN factory, stree not	JURY (Home, for, office bldg., etc.) d on Autop suicide , CHIEF MEDICAL E SSISTANT MEDICAL DEPUTY MEDICAL ORY	m, 20f. (Cites) sy , 1 Homicide EXAMINER CAL EXAMINER EXAMINER 22d. LOCA	nspection , Undete	Inquiry rmined m	anner	(Stole) and in my TE SIGNEO \$58
200. EXTE PRIMARY CAUSE OI 20c. TIME How 21. I ce opinion ACTUAL SIGNATU EXAMINI NAME (T 220. BURIAL, REMOVA	or CON F DEATH. OF INJURY Or m. p.m. ertify the n death r URE Fype CREMATION L (Specify)	Month, Doy, Yeo None 19 at 1 taok charge resulted fram: S. Ro N. 22b. DATE THEREO 10/2/195	white of the relative of the r	None NJURY OCCURRED Not while of work cemains described a causes Acciden Nells, M.D.	PLACE OF IN factory, stree not	JURY (Home, for , office bldg., etc.) d on Autop duicide , HIEF MEDICAL E SSISTANT MEDICAL DEPUTY MEDICAL ORY	m, 20f. (Cites) sy , 1 Homicide EXAMINER CAL EXAMINER EXAMINER 22d. LOCA	nspection , Undete	Inquiry rmined m	anner DA ct. 1	(Stole) and in my TE SIGNEO



0648	CERTIFICATE	OF	DEA	TH
------	-------------	----	-----	----

11819

3.0048	GERTITIO.				Reg. Dis	st. No.	
PLACE OF DEATH O. COUNTY Washington County	MARYLAND	2. USUAL RESIDENCE o. STATE	(Where deceased	b. COUNTY	on: Resident	ce before	odmission)
b. CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16 25 min.	c. CITY OR TOWN	(If outside corpo	rote limits, write R	URAL ond g	give neare	it town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Washington County Hosp	ddress)	d. STREET ADDRES	of in	Mura	Du.	-	IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) BABY	Middle	PIPER	4. DATE OF DEATH	Mon Sept		Doy 30	Yeor 19 58
Female W WIDOWED	DIVORCED	Sept. 30, 1		9. AGE (In years lost birthdoy) yrs.		_	UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)	IND OF BUSINESS OR INDUS		tote or foreign coryland	ountry)	12. CITI	IZEN OF	WHAT COUNTRY
3. FATHER'S NAME		14. MOTHER'S MAIDE	EN NAME			-	
Richard E. Piper		Greta Ma	rlene Ti	coupe			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S(Yes. no. or unknown)		ospital rec	ord	Add	ress		
776 X DUE TO	for (o), (b), ond (c).] ature labor Jnknown					INTERVONSET 25	AND DEATH Minutes
□ OR CONTRIBUTING □ CAUSE OF DEATH □	NITRIBUTING TO DEATH BUT I				'EN IN PART		WAS AUTOPSY PERFORMED?
20c. TIME OF INJURY Month, Day, Year 20d. INJ		CE OF INJURY (Home, lory, street, office bldg.,		or town)	(C	County)	(Stote)
21. I certify that I attended the deceased alive an Sept. 30 19 58 ACTUAL SIGNATURE					ind an th	ast saw ne date	the decease stated abave DATE SIGNE
PHYSICIAN'S NAME (Type) John D. Turco, M.	D.	302 N.	Potomac	St., Ha	gersto	own,	Md.
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCAT	TION (City, town, o	or county)		(Stote)
Cremation 10/3/58	Wash. Co. Ho		Hag	erstown.	Md.		
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. 5	REC'D BY REGIST	RAR 24b. REGIS	TRAR'S SIG		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld tetached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 the registrar prior to burial, cremation, ar remayal, and in any event within 72 harrs-effer death. VS A15 (4) 15M 9/55

81262XY

AT 300 MILES STATE DEPARTMENT OF THE LITTLE OF THE CONTROL OF THE

		CHINES	
		TO THE WAY OF THE PARTY OF THE	
			144.00
	The Start of Start		
			S Total September See
	A SAME OF STREET		
	manik Ali ang katalan ang kata		
		English S. May A.	
Di conquie		01 .01 .108E	HEAVEN TO A MOUNT OF THE SECOND OF THE SECON

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CEDTIFICATE OF DEATH

10656

L		1003		CER	HEIC	ALE OF DE	АІП			Reg. D	ist. No		
1.	PLACE OF DEATH a. COUNTY WASHI			MA	RYLAND	2. USUAL RESIDER	NCE (Where	deceased li	ved. If institution			re admiss	ion)
	RURAL and give n	If autside carporate lim eorest town)	ls, write	c. LENGTH OF STA		E. CITY OR TO				URAL ond	give ne	arest low	1)
	d. NAME OF HOSPI OR INSTITUTION GATEWAY	NURSING		oddress)		d. STREET ADD	PRESS						FARM?
3.	NAME OF DECEASED (Type or print)	JESSE Fi	A	Mide LVERDA	I	PRYOR		OF DEATH S	Mor EPTEME		7 19	FO	Yeor 19
	FEMALE	6. COLOR OR RACE WHITE	WIDOW	ED DIVOR	CED 🔲	B. DATE OF BIRTH JUNE 27	1900	0	AGE (In years last birthday) 58 yrs.	Manths Manths	Doys	Haurs	R 24 HRS. Min.
	HOUSE	ON (Give kind of work king life, even if relired WIFE)	WN HOME	OR INDU			fareign count			TIZEN C		COUNTRY
13	. FATHER'S NAME	COMPANT MOA	OT:			14. MOTHER'S M			CMITMI	* -	150		
15	. WAS DECEASED EVE	STIAN TRA		SOCIAL SECURITY N	NO. 17. I	NFORMANT	LZABI	ETH S	.SMITH		_		
()	NO NO	(If yes, give war or dates of t	ervice}	ONE		GAR P.P.	RYOR	HAGE			R.1		
		ATH [Enter anly ane co ATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO	1 /	Cestin	ato-	y Paras	ypi	i			INTI	RVAL BE	TWEEN DEATH
	Canditions, if a gave rise to i cause (a), stating lying cause last.	my, which (b)	multy	pti-	Schron	•				10	ye	ura
CERTIFICATION	PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO S	DEATH BUT	NOT RELATED TO TH	1E TERMINA	L DISEASE CO	ONDITION GIV	EN IN PAI	RT 1(a) 1	PERFO	AUTOPSY RMED?
		AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter nature of in	njury in Par	t I or Part II	of item 1B.)				
MEDICAL	20c. TIME OF INJUR Havr a. m. p. m.	Y Month, Day, Ye	20d. II While al war	NJURY OCCURRED Nat while at wark	20e. PL/ fac	ACE OF INJURY (Hor stary, street, affice bl	me, farm, ldg., etc.)	20f. (City ar	Iawn)		County)		(State)
	21. I certify the	nat I attended the	deceas	68	Lego death	occurred at	7.30	y stom					deceased
	ACTUAL SIGNATURE	Jarry	ilst	~		м.р.			I, city or lawn,		ne ou		TE SIN NEO
	PHYSICIAN'S NAME (Type)	J. D. WI	LSD	N. M.D.		HA(GERS	rown,	MARYL	AND		//	
22	REBUR PATY	SEPT . 10	195	BEAVER		CREMATORY CEME!	rery	BEAVI	N (City, town, o	EK W	ASH	. CO	MD
23	FUNERAL DIRECTOR	SIGNATURE A		ADDRESS	ml	24	lo. REC'D B	Y REGISTRAN	24b. REGIS	STRAR'S SI			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAL DESCITOR: After this certificate has been signed by the attending physician and completely filled in by page 3 shaula detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 1 the registror prior to burial, crematian, ar remaval, and in any event within 72 hours after death. VS A15 (4) 1SM 9/55

			Reflect to the second	THEAT
	L.T.CL TOTAL			
			- 1 300 to 1000 J	
	67 OCCLAS THE			
	SE STATE SEASON OF THE		SOAP I MANDE	LARO SE
	BUTUAT IN THE S. MAG			
				necessarily and a
			or other parties or	
	The second section of the			
		Maria Carlotta St. St.		
			THE WHOLE SECTION	
STRUCK PERSONS			No. of the last	
A CASA MENAS	LIVA B LT CARE TO	OF THE REAL PROPERTY.	TOTAL PARTY	
				NOTE OF THE RESERVE O

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10020

CEDTIEICATE OF DEATH

		TOO	43	CER	IIIICA	TIE OF	DEATH			Reg	g. Dist. No	. 302	2
1, PLACE C	OF DEATH					2. USUAL R	ESIDENCE (Who	ere decease	d lived. If ins	titution: Re	sidence befo	re admissi	ion)
o. COUI	Washing	ton		MA	RYLAND	o. STATE	Marvla	and	b. COU	NTY WE	ashing	ton	
b. CITY	OR TOWN (If autside	corporote limi	ts, write	c. LENGTH OF ST	AY IN 1b	c. CITY C	R TOWN (If or		rate limits, wr)
***	al ond give nearest tow agerstown	/n)		5 ve	ars	03	Hagen	rstown	1				
d. NAM	NSTITUTION AVE		give street	oddress)		/	T ADDRESS Clintor	n Ave					DENCE FARM? NO 🕞
3 NAME (OF	Fir	ret	Mide	dle		Lost	4. DATE		Month	0		reor (ear
DECEAS (Type or	ED	SCAR	*"	LEVAN	are.	RAUP,		OF DEATH	Septe		Do		9 58
5. SEX	6. COL	OR OR RACE	7. MAR	RIED NEVER MAI	RIED 🗍	B. DATE OF B			9. AGE (In ye	_	NDER 1 YEAR	0	-
Male	Whi		WIDOW		CED 🔲	April	12, 191	14	lost bighde	DY) MOD	Boys	Hours	Min.
10o. USUAl	L OCCUPATION (Give most of working life,	kind of work	done 10b.	KIND OF BUSINESS	OR INDUS						. CITIZEN C	OF WHAT	COUNTRY
	Photograp			Own Busine	ess	Fai	rmont,	W. Vi	rginia		U.S.A		
13. FATHER	'S NAME					14. MOTHE	R'S MAIDEN N.	AME					
	Oscar L.		Sr.				Louis	se Fre	ew				
15. WAS DI	ECEASED EVER IN U. S	ARMED FOR	ervice)	SOCIAL SECURITY		FORMANT				Address		1447	
no			2	210-03-692	3 M	s. Mar	y L. Ra	aup	Hager	stowr	. Md.	TED	
18. C/	AUSE OF DEATH [Ent		use per li	ne for (o), (b), and ([0].]						INT	ERVAL BET	WEEN
		CAUSED BY: ATE CAUSE (o	Ms	youndie	Very !	relim	with	Ventri	wes Fu	hillet	tou	14	sur
4	20.1	DUE TO	6		D								
	ditions, if ony, which												
	rise to immediate (o), stating the unde												
-	cause last.) (c		The second secon									
5	PART II. OTHER SIGN	IFICANT CON	DITIONS	CONTRIBUTING TO I	DEATH BUT	NOT RELATED	TO THE TERMIN	01	_		PART 1(o)	19. WAS A	RMED?
2	1syl	uturs	m	Cardin-	-	when &) men		so I			YES 🗌	NO A
	CCIDENT WAS TOPED DITTRIBUTING CAUS HER, NOTIFY MEDICAL	RLYING DEATH EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE). (Enter notur	e of injury in P	ort I or Por	t II of item 1B.	1			
	ME OF INJURY Month	h, Day, Ye		NJURY OCCURRED	20e. PLA	CE OF INJUR	Y (Home, form, fice bldg., etc.)	20f. (City	or town)		(County)		(State)
WED	lour a.m. p.m.	19	While at wor		100	iory, sireer, or	rice blog., etc.,						
21. 1	certify that I at	tended the	deceas	ed from /6/	5	195	7. to 9	/13	19-	58 the	at I last so	aw the	decease
alive	on 9/15		., 19	58, and the	at deoth								
	(reet, city or to				TE SIGNE
ACTUA		nn	7-6	Nult	7	A.D	74 a	susta	ans. I	na	stand	9	116/5
PHYSK		470	N	M.W	ELT	4	0			/			
	L, CREMATION, 22b.	DATE THEREC	F	22c. NAME OF CE	METERY OF	CREMATORY		22d. LOCA	TION (City, to	wn, or cou	nty)	(Stote)
Buri	val (Specify)	/18/19	58	Rose	Hill (emeter		**	rstown.		Marvla	md	
23. FUNERA	L DIRECTOR'S SIGNA	uneral	Homo	ADDRESS	1-070		24a. REC'D	BY REGIST	RAR 24b. F	REGISTRAR	'S SIGNATU	RE	
R.Z	P D D . A	mieral	HOIRE	Hagerst	own,	Md.	DATE SE	P 1 8 '5	98	arthur	1 S. Tha	ud	

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death.: Page 4 may be retained by the hospital ar attending physicion.

D. FUNERAL DIPKGOR: After this certificate has been signed by the attending physician and campletely filled in by a page 3 shauld attached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremotion, or remayal, and in ony event within 72 haurs offer death. TO FUNERAL DIFFC VS A15 (4) 15M 10/57

funeral director,

I

					ON THE PARTY OF THE	
					micatano	
	x // acir				A STATE OF THE STA	
		C Transition				n/de
	* * *		acceptant in		12 0001	. 010
				*		
4.2 - CHEE	grantist bedraue.	10/0				
	MINE OF SHAN ME.					
	mine en ann mar					
	mine en ann mar					

	1069		CERTIFIC	ATE OF DE	ATH		Reg. Dist		558
PLACE OF DEAT O. COUNTY			MARYLAND	2. USUAL RESIDENCE O. STATE	CE (Where decease	ed lived. If instituti b. COUNTY		before odmis	
RUPAT OF TOW	N (If outside corporate limite nearest lown) Sandy Hook	ts, write	c. LENGTH OF STAY IN 18	Rural S		orote limits, write R	URAL and gi	ve nearest fow	n)
d. NAME OF HO	OSPITAL (If not in hospital, g	ive street	oddress)	d. STREET ADDR	ESS %-			ON	SIDENCE A FARM? NO.
3. NAME OF DECEASED (Type or print)	Dottie	_	Middle evetta	Redman	4. DATE OF DEATH	9 Mor	5	Day	Yeor 1958
5. SEX Female	6. COLOR OR RACE White	7. MARE	HED NEVER MARRIED DIVORCED	5-3-188	32	9. AGE (In years last birthday) 76 yrs.		YEAR IF UND	7
106. USUAL OCCUP	ATION (Give kind of work working life, even if retired	done 10b.	KIND OF BUSINESS OR INI Home		(Stote or foreign o	country)		J.S.A.	
13. FATHER'S NAME	Charle	s Tr	itapoe	14. MOTHER'S MAI		Lverta H			
1S. WAS DECEASED	EVER IN U. S. ARMED FOR (If yes, give wor or dates of s			informant Irs Richar		Add		ı,Md.	
PART I. 722. Conditions, gove rise t	o immediate ting the under-	Con	ne for (a), (b), ond (c).] restive hea matoid art		e			INTERVAL 8	
3	OTHER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE	TERMINAL DISEAS	SE CONDITION GIV	EN IN PART	PERFC	AUTOPSY ORMED?
OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter noture of inju	ory in Port 1 or Po	rt II of item 18.)			
Hour o.	NJURY Month, Doy, Yes m. 19 m.	While	NJURY OCCURRED 20e. Not while . of work .	PLACE OF INJURY (Home foctory, street, office bld	g., etc.)	y or town)	(Co	ounty)	(Stote)
21. I certify alive an ACTUAL SIGNATURE	that I attended the			, 19 <u>58</u> , to th occurred at <u>7</u> 	15DM, from		and an the		ed abave
PHYSICIAN'S NAME (Type)	С. Т. Ву	ron 1	Kao, M.D.	Bruns	wick, M	d.,			
220. BURIAL, CREMA	ATION, 226. DATE THEREC	F	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCA	TION (City, town,	or county)	(Sto	to)

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page After this certificate has been signed by detached for use as the burial-transit permit. or attending physician. CTOR: may be retained TO FUNERAL DARF TO HOSPITAL poge 3 shoul

funeral director, old be filed with

the ottending physician and completely filled. Then please remove corban papers. Pages 1

in any event within 72 hours ofter deoth.

ta burial, cremotion, or removal, and

the registror

23. FUNERAL DIRECTOR'S SIGNATURE

Reformed ADDRESS

Brunswick, Maryland

(Stote)

Knoxville, Maryland 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR

Cirthur S. Krous

	TE OF DEATH	CERTIFICA	spact -
nedentnasy	On the State of th	Maurice	
	Stock Three Israel		Note Talky Louis
		ardevo.	elster direct
	5-3-1802	Tarrey Manie	E unale Links
	aintretV	Hane	ALLE SELECT
	Alvoria	Boundle'	selvadi dinriles
	et useral benebles		

8,

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death cey

VS A15 (4) 15M 9/55

executed within 24 hours after doath.

10650

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH o. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. SIATE LEA TYLAND WASHING TON
b. CITY OR TOWN (If outside corporate limits, write c, LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL ond give nearest town) Hagerston 22 Yrs	03 Hagerstown
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. 15 RESIDENCE
Wash County Hospital	1315 Oak Hill Ave
3. NAME OF First Middle	Last 4. DATE Month Day Year
OECEASED (Type or print) PAULINE LIVINGSTON	REICHARD OF DEATH September 17 19 58
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Hemale White WIDOWED TO DIVORCED TO	August 28 1877 81 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE TSING OF HOTOIR PORPLY CO 12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired) Housewife Own Home	Huntingdon Penna USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Dr G.L.Robb	Margaret Campbell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
[Yes, no, or unknown] (If yes, give war or dates of service)	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	
PART I, DEATH WAS CAUSED BY:	Hagerstown Md. Interval Between onset and Death
1/33 / IMMEDIATE CAUSE (o) U LIVELLE (V)	Fibrillation Z Ris
DOE TO	0 0.1 5.0
Conditions, if ony, which gove rise to immediate (b) Denerales	ed arlevisclerisis 5 yrs.
cosse (o), stoting the under-	
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Y	YES NO
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40e. P. Month of work of work of work of work of work	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) actory, street, office bldg., etc.)
p. m. 19 at work of work	
21. I certify that I attended the deceased from 3-2-195	5, 19, ta_9-17-58, 19,that I last saw the deceased
	h accurred at 12 Pe M, from the causes and on the date stated above
1 2 1/1	ADDRESS (Street, city or town, stote) DATE SIGNED
SIGNATURE QUE Have son	M.D. 318 N. Potomac St. 9-18-58
Pohont E Vondlo M D	
PHYSICIAN'S ROBERT F. Readite, M. D. Partner	rs Hagerstown, Md.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	DR CREMATORY 22d. LOCATION (City, town, or county) (State)
Burial 9/19/58 Rose Hill	Cemetery Hagerstown Wash. Co Md
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Andrew K. Coffman Hagerstown Md	DATE SEP 2 2 '58 arthur & think
The state of the s	BLIZZOU County 2, rotate,

			TRED			
				s		
			20 3			
			ere northern			
	100					
	1945a 19.	Grand I				
1						
	133					
THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME						
	DECEMBER AT THE	CV - Posterijo				
	•		7 7.4	,		
	a hore to					
BE BUTTON OF THE PROPERTY OF T					100	
	THE SEC OF SERVICE				of N wester	

I

VS A15 (4) 15M 9/55

ė		=
E .		300
ě		789
9		15
1		4
Ĕ	1	3
Ö	- 1	
N		3
5		2
ö		-
2		
4		D
A		-
C		4
=		-
		-
3		-
0		-
ě		5
5		F
0		0
×		-
0		č
(I)		ō
O		-
w		Ö
5		. 2
ŭ		. 2
=		7
Ε		d.
ē		
U		6
=		=
0		9
Ū.		0
0		-
U		0
=		0
		÷
0		-
Ξ		0
0		7
D		ě
=		_
÷		.00
Ď	5	60
-	.0	2
3	.0	9
0	5	Ď
_	£	10
9	0	0
=	0	-
	2	0
Z	Ö	0
1	5	.0
7	=	Name of
=	0	E
	-	Ü
-	0	100
-	=	E
	5	-
2	ō.	-
2	52	+
5	2	4
2	41	
-	P	oc
-	-	0
3	>	1
-	4	C.
2	0	
2	0	=
	. =	0
7	0	and .
1	0	4
-	-	06
2	9	ш
3	-0.0	Z
É	7	2
NOTITAL OR ATTENDING PRINCIPAL THE TOWN THE THE GEORGE CONTINUES OF EXECUTED WITHIN 24 HOURS OTHER GEORGE.	may be retained by the haspital ar attending physician	FUNERAL DIPECTOR: After this certificate has been signed by the attending physician and campletely filled in by

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10660 10651 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

1. PLACE OF			MARYL	AND	2. USUAL RESIDENCE (Who o. STATE	ere deceased		on: Residence	before or	dmission)
b. CITY C	OR TOWN (If outside corporate I and give nearest town)	imits, write	c. LENGTH OF STAY II		c. CITY OR TOWN (If or	utside corpore			e nearest	town)
Hag	gerstown R #	5	22 Yrs	3	X Hagers	town I	R # 5			
OR IN	OF HOSPITAL (If not in hospito STITUTION		oddress)		d. STREET ADDRESS				e. IS	RESIDENCE ON A FARM?
01	d Forge Road				Old For	ge Ros	ad			S 🚻 NO 🗌
3. NAME O DECEASE (Type or	D	First	Middle		REYNOLDS	4. DATE OF DEATH	Sep ter	-	Day	Year 1958
5. SEX	6. COLOR OR RAC	E 7. MARI	RIED NEVER MARRIED		8. DATE OF BIRTH	9	. AGE (In years			INDER 24 HRS.
Mal	e White	WIDOW	ED DIVORCED		December 11	1878	lost birthdoy) 79 yrs.	Months Do	ays Ho	ours Min.
10o. USUAL	OCCUPATION (Give kind of wo	rk done 10b.	KIND OF BUSINESS OR	INDU:	STRY 11. BIRTHPLACE (Stote of	or foreign cou	intry)	12. CITIZE	N OF W	HAT COUNTRY?
979	mer	00,	Retire	d	Cavetown	Wash	. Co Mc	i. U	SA	
13. FATHER'S	NAME				14. MOTHER'S MAIDEN N	AME				
	No Record		to bout of		Amanda	Reyn	olds			
15. WAS DE	CEASED EVER IN U. S. ARMED F	ORCES? 16.	SOCIAL SECURITY NO.	1	NFORMANT		Addr		- 11	
No		81	4-36-0438	R	. Atlee Rey	nolds	Hagers	stown	R #	5
gove cause (lying c	tions, if ony, which rise to immediate (a), stoting the undercouse lost.	(b)				l				J'
CATI	PART II. OTHER SIGNIFICANT CO		CONTRIBUTING TO DEAT	H BUT	NOT RELATED TO THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART 1	PE	AS AUTOPSY REFORMED?
	CIDENT WAS UNDERLYING A NTRIBUTING CAUSE OF DEAT ER, NOTIFY MEDICAL EXAMINE	20b. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter nature of injury in Po	ort I or Port I	1 of item 1B.)			
	E OF INJURY Month, Day, our o.m. p.m.	While	NJURY OCCURRED 2 Not while	foc	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City o	or town)	(Cou	inty)	(Stote)
21. I dalive dal	URE Charles C	ne deceas 195 F. Ho	~1	death	n.D			nd an the		he deceased tated abave. DATE SIGNED
REMOV. Bur		EOF			nonite Ceme		on (City, town, onear Lo	eiters	bur	Stote) Co
	DIRECTOR'S SIGNATURE	U-	ADDRESS	16.0		BY REGISTRA	1	TATLAN S.	11	l.
Andi	. W M. UOIIMS	in na	gerstown]	Md.	DATE	EP 26'	00		, 0,000	

	CENTRED CENTRED
	The Property of the Control of the C
AND THE RESIDENCE	
The best the server realized the	A STATE OF THE PARTY OF THE PAR

uneral director,

10652

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	Washington	MARYLAND	2. USUAL RESIDENCE (W		d lived. Il institution b. COUNTY	1.9	4	
h CITY OR TOWN			Mary.			Washir		to other
Hagerst	(If outside corporate limits, writh nearest town) OWN Md.	c. LENGTH OF STAY IN 16 3 days	c. CITY OR TOWN (IF a Fairpl	-		URAL and give n	earest tow	n}
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give stra	eet address)	d. STREET ADDRESS				e. IS RES	SIDENCE
Washingto	on County Ho	spital	Fairpla	y Md	•			NO E
3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Mon	th C	Day	Year
(Type or print)	Mary	Ellen	Rice	DEATH	Sept	. 20		19 58
5. SEX		ARRIED TO NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1 YEA		
Female	White woo	OWED DIVORCED	Aug. 20 19	10	48 yrs.	Months Days	Hours	Min.
10a. USUAL OCCUPAT	ION (Give kind al work dane 1 prking life, even if retired)	06. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign co	ountry)	12. CITIZEN	OF WHAT	COUNTRYS
	eacher	Public School	Fairplay	Md.		U.	SA	
13. FATHER'S NAME			14. MOTHER'S MAIDEN					
Jos	seph Downs		Harv	Del	la Leshe	er		
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT		Addr			
(Yes, no. or unknown)	(If yes, give wor or dates of service)		r. Lewis Ri	ce I	Fairplay	v Marvl	and	
	ATM Is a set				- cvaca pace			
	ATH [Enter only one cause pe ATH WAS CAUSED BY:		0 ^	,	1	00	TERVAL BE	DEATH
	IMMEDIATE CAUSE (a)	etestatic '	Carcinon	re t	elung	1	0 m	0 -
170 X	DUE TO				. 1			
Conditions, if		ar cinom	12 4- h	rez.	1+		2-XV	2 112 15
gove rise to couse (a), stating			1				-	(1 1/1 0
lying cause last								
PART II. OT		IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART 1(o)	19 WAS	AUTOPSY
ATIC							PERFC	DRMED?
20a. ACCIDENT W	AS UNDERLYING [7] 20b. D	ESCRIBE HOW INJURY OCCURRE	D (Enter noture of injury in	Port Lor Port	II of item 18 \		162	NO
O HETHER, NOTIF	Y MEDICAL EXAMINER)							
20c. TIME OF INJU			ACE OF INJURY (Home, formatory, street, office bldg., etc.	, 20f. (City	or town)	(County)	(State)
p. m.	10	ile Not while or row	story, street, office blog., etc.					
21. I certify t	hat I ottended the dece	ased from F2	, 195 F, to S	ept.	20, 1958	,that I last s	ow the	deceased
alive on S	2Ct. 20 , 15	5 K, and that death	accurred at \$ 125/	M, from	n the causes a	nd an the de	ote state	ed abave.
/	n	: 1 11			reet, city or town,			ATE SIGNED
SIGNATURE	That a.	111/200-	MID. 2/4 14.	Pot	Ower	11	-90	At = 1-1
	-60	NII					->402:	4-1-del
PHYSICIAN'S NAME (Type)	-10/d A)	40 FFman	- Hage	rst	own,	ml		
220. BURIAL, CREMATIC		22c. NAME OF CEMETERY O	1		stown I		(Stot	e)
23. FUNERAL DIRECTO		/ADDRESS _/		D BY REGIST		TRAR'S SIGNATU		
Cloppy.	XX60 78)	illiems Rolla		2 3. '58				
	The con	mengeony.	DATE-	2 0. 00	Cirth	of & Heave		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 shauld the letached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. VS A15 (4) 15M 10/57

	AND HIS ASSESSMENT OF THE MILE SEED STORE OF A MY AMILE.
	HTARG TO BEATH TIMED TO THE OF DEATH
a je stavi ve	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

10653 Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o, COUNTY Washing ton MARYLAND Maryland ashington b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Hagerstown R Week Hagerstown d. NAME OF HOSPITAL (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Broadfording Road ash County Hospital YES KNO T 3. NAME OF Middle 4. DATE Month Day Year DECEASED Sept 13 1958 (Type or print) GEORGE EDWARD RINGER DEATH 19 5. SEX 9. AGE (In years last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Hours Min White Ma.le WIDOWED [DIVORCED T March YES 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Y. C. Iron Wks Hagerstown Wash Co Md. Boiler TISA Maker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Ellen Johnston Silas Peter Ringer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs Cordelia Ringer HagerstownMd Yes CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Carcinoma of Bladder & prostate mos. Conditions, if ony, which (b) gove rise to immediate DUE TO coese (o), stoting the underlying couse lost. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO KA 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not while none of work of work p. m. 21. I certify that I attended the deceased fram. April ____, and that death accurred at 12:10A M, from the causes and an the date stated above. ADDRESS (Street, city or town, stole) ACTUAL SIGNATURE 115 N. Potomac Street S. Robert Wells. M.D. PHYSICIAN'S Hagerstown, Maryland NAME (Type) 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) E & R Cemetery Cearfoss Wash. Salem Buria. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Coffman Hagerstown

SEP 1 8 '58

VS A1S (4) 15M 9/55

may

page

	HTARE TO ST	ADMITISO (
		DISTORY		
		to their our solding		
A Rouge				
min Saint, and all of All Services 1974	ot a Milliones ot a Milliones orom			
			The same	
	Toro Vyero terro	SETTING OF COMMENTS		

CERTIFICATE OF DEATH

Reg. Dist. No.
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md b. COUNTY Wash •
c. CITY OR TOWN (If outside corporate limits, write RURAL and give rearest lown) 3 Hagerstown
d. Street address Washington Ave. e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
Robinson 4. DATE Month Sept. 22, 1958
D B. DATE OF BIRTH last birthday) Aug. 14, 1889 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
INDUSTRY 11. BIRTHPIACE (Stote or foreign country) Smithsburg, Md.
14. MOTHER'S MAIDEN NAME Alice Toms
Oclyde O. Smith, Smithsburg, Md.
r heart disease with ardial failure grade iv
H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 12
CURRED. (Enter nature of injury in Part I or Part II of item 18.)
De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) None
eath occurred at 9:450 • M, from the causes and on the date stated above ADDRESS (Street, city or town, state) M.D. 115 N • Potomac Street 9-23-58
Hagerstown, Maryland RY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
PY OW CREMATORY 177d IOCATION (City town or country) (C1-1-)
cg Cemetery Smithsburg, Md. 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

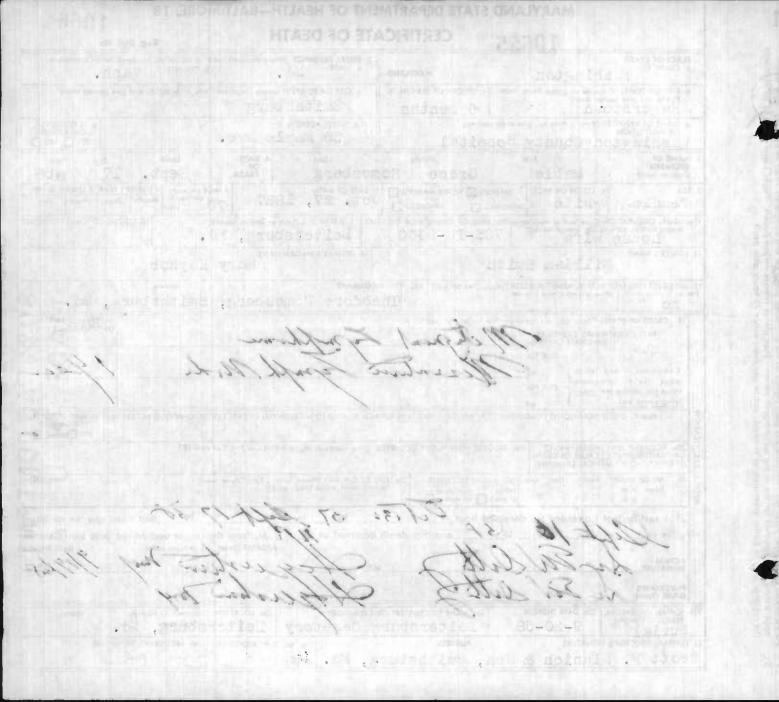
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by, proving page 3 should retached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 and 2 had with the registrar prior to burial, crematian, ar remaval, and in any event with 72 hours after death. VS A15 (4) 15M 9/55

	HEARD ROST	ADBITARD FOR	
			nous almost
			Commence of the commence of th
			111111111111111111111111111111111111111
10000000000000000000000000000000000000			ACT STRUE
. Ut , ex saute.	du tor ares		
	HALL Second Man	Tyleson browse	
	Mail Salatin De		
	Alle medicine belowed		ord of many of the last
	PULL SERVICE		
			a size A
	ini A. A. A. Lie by the	must 634 an 629	10 10 10 10 10 10 10 10 10 10 10 10 10 1
Contract of the Contract of th	ini wakani ini ini ini ini ini ini ini ini ini	27754 27754 27754	10 10 10 10 10 10 10 10 10 10 10 10 10 1
	ini se gradio della control presenti podelle PII con presidente della Britana della control	out the committee of th	t sdot of the same

b	for,	with.	
2	Lec	P	
		E L	1
	T.	P)
0	The state of the s	3/	
5	-		
5	in b	Pug	
87	ed		
	Ē	ges	
	tely	۵	
2	nple	ers.	
2	000	pop	5
X /	pup	8	Ď
2	ud	ig.	a de
1	Sic	ove.	3
1	phy	8	0
5	ling	Ser	7/4
000	lend	oek	-
D D	0	ua.	3
5	. the	٢	e ve
	d by	nit.	7
	gne	per	E
on.	n Si	Sit.	P
Sici	bee	ron.	, 0
o de	500	-ioi	D V
ing	te h	bur	Leu
end	fico	the	ō
2 =	Terh	80	50
0 10	his	USe	DE
P. F	er t	for	C.
2 8	Aft	hed	30
The F	OR:	etoc.	200
á Þ	3	P.	2 20
ned S	7d7C	J	bid
eta	ALI	han	201
be -	JER.	3.	gist
6 5	5	age	e re
may be retained by the haspital or attending physician.	0	page 3 should detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 wild be filled with	the registrar proof to burial, cremation, or remayal, and in any event within 72 hours prier death.
VS .	A15	(4)	

81

		1065	5 CERTIFI	CAI	E OF DEA	111		Reg. Di	st. No.		
	LACE OF DEATH COUNTY Wa	shington	MARYLAN		USUAL RESIDENCE o. STATE Mo	•	ed lived. If institution b. COUNTY		ice befor		sion)
1	RURAL ond give no Hagerst	If outside corporate limits, wri earest town) OWN	6 months	Ь	Smiths		orote limits, write R	URAL end	give nea	rest tow	n)
,	OR INSTITUTION	On County H	ospital	1	d. STREET ADDRESS	le Av	e.				SIDENCE A FARM?
1	NAME OF DECEASED Type or print)	Mable			sberg	4. DATE OF DEATH	Mon Sej		17		Year 19 58
5. \$	female	laulo di de o	MARRIED NEVER MARRIED [OWED DIVORCED	1110	t. 27,	L887	9. AGE (In years last birthday) yrs.	Months Months	1 YEAR Days	Hours	ER 24 HRS. Min.
10a	during most of worl	ON (Give kind of work done king life, even if retired) WITE	705-10-5660	NDUSTRY	Lei ters		Md •	12. CI1	TIZEN O	F WHAT	COUNTRY
13.	FATHER'S NAME	William Smi	th	14	MOTHER'S MAIDE		ry Kayho	е			
		R IN U. S. ARMED FORCES? (If yes, give war or dates of service)		7. INFOI Theo	dore Ron	nesber	g, Smith		rg,	Md.	
		mmediate (Herenty	100	Tymp	Le la	Uz-Li		INTE	ET AND	ETWEEN DEATH
CERTIFICATION	20a. ACCIDENT WA		NS CONTRIBUTING TO DEATH					'EN IN PAR	T 1(o) 1	PERFC	AUTOPSY DRMED? NO
MEDICAL O	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Year 20	d. INJURY OCCURRED 20e hile Not while work of work	factory,	OF INJURY (Home, I street, affice bldg.,	form, 20f. (Cit	ly or town)	(1	County)		(State)
	21. I certify the alive and actual signature. PHYSICIAN'S NAME (Type)	and I appended the deco	110	ath ac	, 107, to		m the causes of Street, city or town.	and on t			deceased ed abave ATE SIGNED
220	BURIAL, CREMATIC REMOVAL (Specify)		22 DAME OF CEMETER Leitersbu				tersbur		i.	(Sto	le)
	cott F.		ADDRESS Son, Smithsb	urg,	3.6 9	EC'D BY REGIS		STRAR'S SI		RE	



hours ofter death. Page

within 24

that

CERTIFICATE OF DEATH	
	file is the second
to Contract of the Contract of	manda bilandi
The state of the s	
	office and
All comes church at Line very control of Line very control of the	Company of the compan
を表現しまった。 のではない。 のでは、 ので	school of their
the property of the first of the first of the second of the first of t	ME TO
AUNTO LA CONTRACTOR DE	
The state of the s	
The state of the s	Rest Bases Fr

VS A15 (4) 1SM 10/57

ARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE, 1
--------------------------	------------------------

10657 CERTIFICATE OF DEATH

10666

Reg. Dist. No.

					wan. mini.	101	
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIL	Md.	b. COUNTY		efore admis	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16	FI 2009	OWN (If outside con Hagers town		RURAL ond give	nearest tow	n)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Wash. Co. Hospital	oddress)	d. STREET A	DDRESS B altimore	St.,		ON	SIDENCE A FARM?
3. NAME OF First DECEASED (Type or print) Arthur		ampsell	4. DATI OF DEA			Day 22	Yeor 19 58
5. SEX 6. COLOR OR RACE 7. MARR WIDOWE	THE RESERVE OF THE PARTY OF THE	8. DATE OF BIRTH		9. AGE (In years lost birthdoy) 73 yrs.	Months Doy		ER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1aborer D.	KIND OF BUSINESS OR INDU A. Stickell	STRY 11. BIRTHPL			- 1	S.A.	COUNTRY
13. FATHER'S NAME William Sampsell			MAIDEN NAME Nannie Fu	ller			
[Yes, no, or unknown] If yes, more wor or dotes of services		rman E S	ampsell	Jessup,	Md.		
18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO		bosis			l I	NTERVAL BE DINSET AND 15 C	TWEEN DEATH
gove rise to immediate couse (a), stating the under-lying couse last.	rebral arter						ears
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT				ASE CONDITION GI	VEN IN PART 1(o	PERFC	AUTOPSY ORMED?
	CRIBE HOW INJURY OCCURRE	D. (Enter noture of	Finjury in Port 1 or F	ort II of item 18.)			
A Hour o. m. While	Not while of work	ctory, street, office		ity or town)	(Coun	ly)	(Stote)
21. I certify that I attended the decease alive on Sept. 22 , 19 5 ACTUAL SIGNATURE PHYSICIAN'S William T. Lay	ond that death	occurred at	y:15 M, fr. 5. TADDRESS Profess erstown	om the causes (Street, city or town,	ts Bld	date state	ed abave ATE SIGNE /23/5
220. BURIAL, CREMATION, REMOVAL (Specify) 9-25-58	22c. NAME OF CEMETERY O Rest Haven	R CREMATORY	22d. 100 Hag	ATION (City, town, gerstown	or county)	Hd.	o)
23. FUNERAL DIRECTOR'S SIGNATURE Fred W. Kraiss Hagersto	ADDRESS Own, Md.		DATE SEP 2 5		Istrar's SIGNA		

	be the sales of the		The grant of the
	Telint simul		
· · · · ·		The terminal way	
	man a la ban		

10650

CERTIFICATE OF DEATH

	7.0000	3 5.00			•		Reg. Dist	No.	
1. PLACE OF DEATH a. COUNTY WASH	HINGTON	MARYL		USUAL RESIDENCE (WHO STATE MARYI		d lived. If institution b. COUNTY	WASH	before odmiss INGTO	sion) N
b. CITY OR TOWN (If a	putside corporate limits, w	c. LENGTH OF STAY II		HAGERS		prote limits, write RI	JRAL and giv	ve nearest faw	n)
d. NAME OF HOSPITAL	(If not in haspital, give s IT AVE.	treet oddress)	/	d. STREET ADDRESS	ST.				SIDENCE A FARM? NO X
3. NAME OF DECEASED (Type or print)	NORMAN First	VICTO:	R	SCOTT	4. DATE OF DEATH	SEPT			Yeor 19 58
MALE	WHITE wit	MARRIED NEVER MARRIED		2/25/1893		9, AGE (In years lost birthday) 65 yrs.	-	YEAR IF UND	ER 24 HRS. Min.
RETTRED KIT	(Give kind of wark done	106. KIND OF BUSINESS OR SHOE FACT		MARYLA		ountry)		S.A.	COUNTRY?
DANIEL S	SCOTT		14	MARY S	IAME SNYDE	R			
15. WAS DECEASED EVER I	N U. S. ARMED FORCES? yes, give wor or dotes of service)				5 D.	SCOTT	e:HAGE	RSTOWN MD.	Ŋ
Conditions, if ony, gove rise to imm cause (a), stoting the lying cause lost.	punder: DUE TO (c)	Generalis -	riy rc.	Sclerrus	ist			1 yr +	L L
PART II. OTHER 200. ACCIDENT WAS OR CONTRIBUTING DITERTING THE THER, NOTIFY MI		DESCRIBE HOW INJURY OC					EN IN PART	I(o) 19. WAS PERFO YES	DRMED?
20c. TIME OF INJURY Hour o. m. p. m.	Manth, Day, Year 2	Od. INJURY OCCURRED /hile Not while twork of work	20e. PLACE (foctory,	OF INJURY (Hame, farm street, office bldg., etc.	, 20f. (Clf)	or fown)	(Co	ounty)	(State)
actual SIGNATURE	Finis		death occ	1958, to 10. curred at 12:15,			nd an the		
PHYSICIAN'S NAME (Type) 720. BURIAL, CREMATION,	22b. DATE THEREOF	22c. NAME OF CEMET	ESY OF CE	Hager	24 10CA	TION (City, fown, o	or county)	(Stot	
REMOVAL (Specify) BURTAL 23. FUNERAL DIRECTOR'S	9/12/58	SMITHS		CEM.	SMI	THSBURG		MD.	•,
W.J.7/6	renent /	tagerslour	V 7	11.11	1 5 '58		TRAR'S SIGN		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DESCIOR: After this certificate has been signed by the attending physician and completely filled in by 15.5 funeral director, page 3 should detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 1 wild be filled with the registrar prior to buriol, cremation, or removal, and in any event within 72-hours after death. VS A15 (4) 15M 9/55

M

I

The same and the	ATE OF DEATH	S CERTIFIC		
	Temperature.	Marite Western		SIN
	AN TAIL TELL			
	THE PROPERTY.		Transition	
MAXINE TO SERVICE				
	ARTY H TARE			
The state of the s	da la richia . La	0038-E0-4-E7		Weigh.
	- 1			
				- F31/10
		To the second		
				and E
制度。由于保持	A TANK I WAS A TAN		Na Na State	
	Bright Street		V. HIBNS IN	

VS A15 (4) 15M 10/S7

開

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10668

10659	CERTIFICATE	OF DEATH
-------	-------------	----------

Reg. Dist. No

1. PLACE OF DEATH •. COUNTY Washington	n	MARYLAN	O STAT	Maryl		d lived. If institut b. COUNTY			
b. CITY OR TOWN (If outside corporate RURAL and give nearest town)	limits, write	c. LENGTH OF STAY IN	b c. CITY	OR TOWN (If outside corpo	orate limits, write I			
Hagerstown		1 day 1	X	Willi	amsno	rt Md.			
d. NAME OF HOSPITAL (If not in hospite OR INSTITUTION	al, give street	oddress)	d. STRE	ET ADDRESS	0,1120750	2 0			RESIDENCE
Washington County			20	W Po	tomac	St			N A FARM?
3. NAME OF	First		11 60						
(Type or print) Joh	n	Henry	Shrad	er	4. DATE OF DEATH	Sept		14	Year 19 58
S. SEX 6. COLOR OR RA	CE 7. MARR	IED NEVER MARRIED	B. DATE OF	BIRTH		9. AGE (In years last birthday)			INDER 24 HRS.
Male White	WIDOWE	DIVORCED	July	6 18	77	81 yrs.	Months D	lgys Ho	urs Min.
10o. USUAL OCCUPATION (Give kind of w. during most of working life, even if ret watchman	ork done ired) 10b.	kind of Business or in deral Silk MILL	Nea	e Mer	cersb	urg Pa.		EN OF W	HAT COUNTRY
13. FATHER'S NAME			the second second	ER'S MAIDEN			1		,
John Shrade			Mar	rt Ell	Lennor	doppusor	1(70)	HS O	11
(Yes, no, or unknown) (If yes, give wor or date	FORCES? 16.	SOCIAL SECURITY NO. 1	7. INFORMANT			1499	207 Ne	ewpo	rt Cir
NO NO	21		Mrs. A	lmeda	T. R:	icheal	Tampa	Fla	a .
PART I. DEATH WAS CAUSED I IMMEDIATE CAUS Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse last.	E (o)	odou	aky.	ter	ove//s	500		18	NO DEATH
PART II. OTHER SIGNIFICANT C		ONTRIBUTING TO DEATH	BUT NOT RELATE	TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART 1	(o) 19. W	'AS AUTOPSY
PART II. OTHER SIGNIFICANT C								PE	RFORMED?
OR CONTRIBUTING CAUSE OF DEA	R)	CRIBE HOW INJURY OCCU	RRED. (Enter note	re of injury i	in Port I or Por	t II of item 18.)		163	L NO L
20c. TIME OF INJURY Month, Doy, Hour o. m. p. m.	While	Not while of work	PLACE OF INJU	RY (Home, fo iffice bldg., e	orm, 20f. (City	or town)	(Co	unty)	(State)
21. I certify that attended alive an	the deceds	7-7-7-7	ath accurred	9549	ADDRESS (S	n the causes of treet, city or town	and on the		he decease tated abov DATE SIGNE
220. BURIAL, CREMATION, 226. DATE THE BREMOYAL (Specify) Sept.	16-58	22c. NAME OF CEMETER Greenlawn			22d LOCA	TION (City, town,	2.0	_	Stote)
23. FUNERAL PIRECTOR'S SIGNATURE	10-10	ADDRESS	1	4	C'D BY REGIS	Llamspon	STRAR'S SIGN	TYLE	tua
Clivery XXen	100	Wienson	Me	DATE	SEP 1		arthun &	1 11	4

	op route a series of the		
CHI CONTROL AND			
	The state of the s		
and the state of t		Conting six happings of	

Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 8, Film G-234 9/25/58.cac

10669

		10	0.02	CERT	IFIC.	ATE OF D	PEATH			Reg. Di	ist. No.	30	3
1.	PLACE OF DEATH	ngton		MAR	YLAND	2. USUAL RESID			Washin		ncé befor	e admissi	on)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 15 Years			own (If o	outside carpor	ate limits, write		give nea	rest town					
	d. NAME OF HOSPITA OR INSTITUTION 1616 Pal	AL (If not in hospital, g	ive street			d. STREET A	DDRESS	rk Ro	ad			ON A	FARM?
	NAME OF DECEASED (Type or print)	Fir JAMES		crook s		SIMMON		4. DATE OF DEATH	Mo Septe		15	195	eor 1958
	Male	6. COLOR OR RACE White	WIDOW		ED 🔲	B. DATE OF BIRTH	1/5	1885	9. AGE (In years last birthday) 72 yrs		Days Days	Hours	R 24 HRS. Min.
100	. USUAL OCCUPATION during most of working Sales Ma	ng life, even it retired	done 10b.	KIND OF BUSINESS	OR INDU	Sherma	~	or foreign co	~	12. CI	USA		COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN	AME					0 1
	John	W. Simmo	ns			Sal	lie	Whith	urst				
IS. IYe	WAS DECEASED EVER		CES? 16.	SOCIAL SECURITY NO		nformant rs Mari		mnone	Ade	ress Park	Ros	d	
	18. CAUSE OF DEAT	TH [Enter anly one co	use per li	ne for (a), (b), and (c).]	Ha	gers	town	I.d.		INTE	RVAL BET	WEEN
	PART I. DEAT	H WAS CAUSED BY:	Met	astatic i	mali	gnant n	nelan	oma c	of the	lungs	S	7 m	O a
	163x	DUE TO				522022							
	Conditions, if on	v. which)											
	gave rise to in	mediate (
	catse (a), stating li lying couse last.	he <u>under-</u>	,								1.00		
CATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GI	VEN IN PAR	RT 1(o) 15	PERFOR	MED?
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter nature a	f injury in I	Part I or Part	Il of item 18.)	9.0	1,17	101	
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Month, Doy, Yes	20d. II While at wor	NJURY OCCURRED Not while at work	20e. PL fo	ACE OF INJURY (I ctory, street, affice	Home, farm bidg., etc.	20f. (City	or town)	(1	County)	3	(State)
	21. I certify the	at I attended the	deceas	ed from Ma	rch	11, 19 58	, ta Se	ept.	5 , 1958	.that I	last sa	w the	deceased
	alive on Sep	t. 14	4 19	FU	t death	occurred at							
	ACTUAL SIGNATURE	P8751	lue	ich		m.d. 148 W		ADDRESS (St	eet, city or town	stote)			TE SIGNED
	PHYSICIAN'S B.	B. Kneis	sley	, M.D.		Hager	rstow	n, Ma	ryland				
220	BURIAL, CREMATION REMOVAL (Specify)	22b. DATE THEREC	F	22c. NAME OF CE					ION (City, town,			(Stote	
23.	FUNERAL DIRECTOR'S	SIGNATURE		Rose Hi	LL U	emetery		D. BY REGISTI	S town			Md	•
	Andrew K		H H	rerstown	Ma.		DATE S	E_1 0 3	8 68	istrar's sti	8. Tha	ud	

TO FUNERAL DIR page 3 shauld I TO HOSPITAL OR VS A15 (4) 1SM 9/55

the haspital or attending physician.

	CERTIFICATE OF DEATH
	Edd of Tegans I was Commented to the
ALLE STATE STATE OF	
	ent v. 10 12 de terretor desti uni hegi. El est est entre en la esta en la esta en la esta en la esta en la est El esta esta esta esta esta en la esta esta e
The same of the sa	
	AND A CANADA SERVICE AND A SERVICE AND ASSESSMENT OF THE PARTY OF THE
	Andrew 1941 to the property of the real of

FOR STATE HEALTH DEPT.

00

0

al director Pope

Apge 5 may be retained and 2 with the State B execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funct 4 should be fregarded to the Chief Medical Examiner's Office along with farm PM3—1096 5 may be retained TO FUNERAL C CTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any event withing 2 haurs after death. TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours

Q 5 7 Q VS. A15ME 8M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10670

J. U692 Item 22 Film G2:	34 9/24/58 009 Reg. Dis	t. No.
	2. USUAL RESIDENCE (Where deceased lived. If institution: Residen	ice before admission)
** COUNTY Washington MARYLAND	o STATE Maryland b. COUNTY Was	hington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give neorest town)
Rural Smithsburg 1 year	Smithsburg Rural	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Route 2	Route 2	YES T NO
3. NAME OF DECEASED (Type or print) Roy first alvin Smit	Losi 4. DATE Month OF DEATH Sept 18	Doy Year 1958
5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED	8. DATE OF BIRTH 9. AGE III years IF UNDER 1	
Male White WIDOWED DIVORCED	March 3, 1898 60 yrs. Months D	Pays Hours Min.
10o. USUAL OCCUPATION (Give kind of work done one of the control o		EN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Ruben Smith	Margaret William	S
[Vec. no. or unknown] (Il yez, give won or does of service)	Mrs. Emma Smith Smithsbur	g Rt. 2
11/10 1	rotic coronary heart disease	INTERVAL BETWEEN ONSET AND DEATH
Aortic Ster	nosis	
gove rise to immediate couse Acute Coror	nary thrombosis	5 min
(o), stoting the underlying DUE TO (c).		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT None	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO K
CAUSE OF DEATH.	(Enler noture of injury in Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLA Hour o. m. p. m. None 19 20d. INJURY OCCURRED 20e. PLA Hour o. m. p. m.	ACE OF INJURY (Home, form, 20f. (City or town) (Councilory, street, office bldg., etc.) None	(Stote)
21. I certify that I took charge of the remains described abo	ave, held an Autopsy 🔲, Inspection 🛣, Inquiry	, and in my
opinion death resulted fram: Natural causes X, Accident	. Suicide . Hamicide . Undetermined m	onner 🗌
SIGNATURE S. Robert helly	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S S. Robert Wells, M.D.	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	9-19-58
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF BURIAL 9/22/58 Ringgold Com		(Stole)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN	A
Minnich Funeral Home Hagerstown	Md nate SEP 2 2 '58 Conthur 2.	

MATERIAN STATE CHEATERING OF HEAVISH OF DEATH AND THE STATE OF THE STATE

1000	and the second	The same of the same	
	o Turqu		es some
87. 576		itus sivie	
	1000	One of Concess	
	guinti a sa	tio A. Internation	1.108 10 1
and the		Har	nedmi.
. di percenta	A TRAIN S A P.S.	1.0230-20-20.1	
		oreid office toreid office	
	nicofact of the		
	THE TERMS		#85%
	named I respond to hear		
		Market V.	
Ç-81-5	Discourse of the profile of		

TO FUNERAL DIRECTOR: After this certificate has been sipage 3 should be elected for use as the buriol-transit the registror prior to buriol, cremation, or removal, and

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

10671

	D. COLONY Washington MARYLAND O. CITY OR TOWN (If outside corporate limits, write RUAL) and give nearest lown) Hagerstown Hagerstown Hagerstown J. NAME OF HOSFITAL (If not in hospitol, give street address) MAN OF HOSFITAL (If not in hospitol, give street address) Mashington County Hospital Middle EX O. CITY OR TOWN (If outside corporate limits, write RUAL) Hagerstown J. STREET ADDRESS 123 North Foundry Street Monitory Hospital J. DATE Monitory Hospital Middle EX O. COLOR OR RACE MIDDWED EX DIVORCED DIVORCED DIVORCED January 13, 1900 J. STATE Monitory J. DATE Monitory Mashington County Hospital J. DATE Monitory Mashington County Hospital J. DATE Monitory Mashington County Hospital J. DATE Monitory J. DATE Monitory J. DATE Monitory J. DATE Monitory J. J. MARRIED J. DATE J. DATE J. MARRIED J. DATE J. MARRIED J. DATE J. MARRIED J. J. J. MARRIED J. J. MARRIED J. J. MARRIED J. J. J. MARRIED J. J. J. MARRIED J. J. J. MARRIED J. J. MARRIED J. J. J. MARRIED J. J. MARRIED J. J	Reg. Di	st. No.	302				
o. COUNTY	ington		MARYLAND	o. STATE	_ b.	COLINITY		
		C 0.51					hing	
RURAL ond give ne	arest town)	its, write	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limit	ts, write RURAL and	give near	est town)
				13 Hage	rstown			
OR INSTITUTION	AL (If not in hospital, g	give street	address)	d. STREET ADDRESS			e.	ON A FARM?
	n County H	ospit	al	123 North F	oundry Str	eet		YES NO TO
3. NAME OF DECEASED (Type or print)	Fi		Middle	Lost	4. DATE OF	Month	Doy 22	Year 19 58
S. SEX	6. COLOR OR RACE	7. MAR		8. DATE OF BIRTH	9. AGE	(In years IF UNDER	1 YEAR I	F UNDER 24 HRS
		WIDOW	ED DIVORCED		1900 1051 5	irthday) Months	Pays	Hours Min.
On USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CIT	IZEN OF	WHAT COUNTR
		,	Owner	Hagersto	m. Md.		U.S.	Δ
3. FATHER'S NAME	002		OWITOT	The state of the s			0.00.01	J. 0
Fred	Socks							
	The same of the sa	CES? 16.	SOCIAL SECURITY NO. 17.		Te LOIG	Address		
(Yes, no, or unknown)	If yes, give war or dates of s	ervicel			Hagen			
				Odok Ita Dooks	- ager	SUOWII, FRG		EVAL BETWEEN
Conditions, if or gove rise to in cause (o), stoting t lying couse lost.	DUE TO ny, which (but mediate) the under- (continue)) (d					0	Years
200. ACCIDENT WA	S UNDERLYING	ona	y & pure	ions Centr	al Heur	whose.		. WAS AUTOPSY PERFORMED? YES NO
Hour o.m.	f Month, Day, Yes	While	_ Nat while	PLACE OF INJURY (Hame, formactory, street, office bldg., etc.	n, 20f. (City or tawn	(0)	County)	(Stote
	at I attended the	deceas	C	ce, 196, 10		19 0, that 1		
ACTUAL SIGNATURE	Douli	lson		_M.D135-N	ADDRESS (Street, city	or town, stole)	ne date	DATE SIGN
PHYSICIAN'S NAME (Type)			, M.D.		STOWN, MA	RYLAND		
220. BURIAL, CREMATION REMOVAL (Specify) Burial	1-1-1-	58	Rose Hill C		Hagerstow			(State)
SULET DIRECTOR		al Ho	ome ADDRESS Hagerstow	24g. REC		Crima &		

202				
			neer mire	
	To the second of			
		Time I		7.735
	ę. ľ			
	, w , a see that the see that t		THE RESERVE AND ADDRESS OF THE PERSON OF THE	73.0
	move street		The spinol to	
и	nesko nijos . a seli			o-
* 6			MALL STREET	

funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld Letter the second page 3 shauld Letter the second pages 1 and 2 the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death.

I

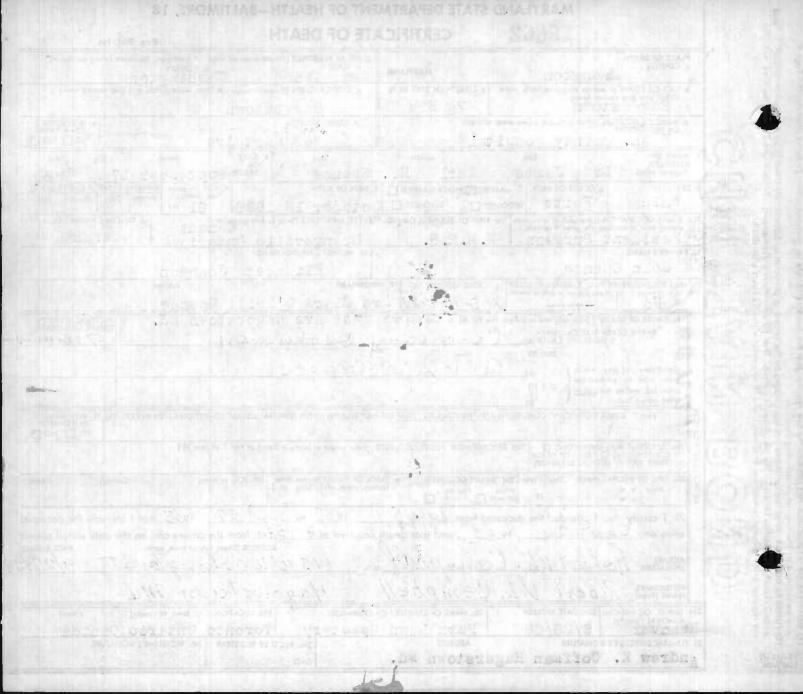
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 18662

CERTIFICATE OF DEATH

10672

3,000,0	CERTIFICA	AL OI DEATH	Reg.	Dist. No. 302
1. PLACE OF DEATH o. COUNTY Washungton	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE Maryland	b. COUNTY Washingtor	
b. CITY OR TOWN (If outside corporate limits, write RUBAL and give nearest town) Hagers town	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate town) Agers town	prote limits, write RURAL on	
d. NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION William County Hospital		d. STREET ADDRESS 42 East	Ave	e. IS RESIDENCE ON A FARM? YES NO NO
3. NAME OF DECEASED (Type or print) Dr James	Middle Earl H	Lost 4. DATE OF DEATH	Month September	Doy Yeor 27 1958
Male White woo	WED TO DIVORCED TO	B. DATE OF BIRTH October 15 1896	9. AGE (In years IF UND lost birthday) Months	DER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done to during most of working life, even if retired) Resident Surgeon 13. FATHER'S NAME	W. M. R. R.		panada ntario	Canada Canada
John Spence 1s. WAS DECEASED EVER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17. II	Elizabeth		
(Yes. no. or unknown) (If yes, give wor or dates of service)	100	rs Clara O'Neil	Address L Spence	
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate coese (o), sloting the under-lying couse lost. (b) DUE TO County TO (c)	Caronan	clerosis	И.	INTERVAL BETWEEN ONSET AND DEATH
Part II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		NOT RELATED TO THE TERMINAL DISEAS D. (Enter noture of injury in Port I or Por		ART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO NO
20c. TIME OF INJURY Month, Day, Year 20d. Hour o. m.	,	ACE OF INJURY (Home, form, clory, street, office bldg., etc.)	or town)	(County) (State)
21. I certify that I attended the decerative on Sept 26, 19 ACTUAL Robert V.L. PHYSICIAN'S Robert V.L. PHYSICIAN'S Robert V.L.	58, and that death	occurred at 4:35/M, from ADDRESS (S M.D. 145 WWG	-4/ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	I last saw the deceased the date stated above. DATE SIGNED: 9/27/5
220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) 9/28/58 23. FUNERAL DIRECTOR'S SIGNATURE	The second secon	R CREMATORY 22d. LOCA' Cemetery Toron 24g. REC'D BY REGIST		Canada .
Andrew K. Coffman Has	gerstown Md.	DATEED 2 0 '50	0.1.0	14

VS A15 (4) 15M 9/SS



1 ×		M	
within 24 haurs offec death. Page 4 ely filled in by Pages 1 and 2 Defiled with	3.	PLACE OF DEATH o. COUNTY b. CITY OR TOWN (If outside corp RURAL and give necest town) HAGHRS TOWN d. NAME OF HOSPITAL (If not in It OR INSTITUTION K NUF NAME OF DECEASED (Type or print) SEX 6. COLOR C	-
sertificate be executed w g physician and camplete remove carbon papers. 2 haurs after death.	10a	HOUSEWORK ITE, even HOUSEWORK ASHER WELSE WAS DECEASED EVER IN U. S. AR	A
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by freetor page 3 shauld the tracked for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 freetor the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death.	MEDICAL CERTIFICATION	18. CAUSE OF DEATH [Enter or PART 1. DEATH WAS CAU IMMEDIATE 33/X Conditions, if any, which gove rise to immediate couse (o), stating the under-lying cause lost. PART II. OTHER SIGNIFICA 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXA 20c. TIME OF INJURY Month, Hour a.m., p.m. 21. I certify that Lattency alive an alive an actual signature PHYSICIAN'S NAME (Type)	A NEW D
VS A15 (4) 15M 10/57	23-	FUNERAL DIRECTOR'S SIGNATURE	
		1/	

ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10663	CERTIFICATE	OF DEATH

Reg. Dist. No. 1673

1. PLACE OF DEATH 6. COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (WI			efore admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) HAGERS TOWN	c. LENGTH OF STAY IN 16 2 WEEKS	c. CITY OR TOWN (IF o	outside corporate limits,	write RURAL and give	nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION K NURSING HO	oddress) ME	d. STREET ADDRESS / GENERAL	DELIVERY		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) ANN A	WEESE	SPIEL AN	4. DATE OF DEATH	Month 9	Doy Yeor 18 19 58
FEMALE WHITE WIDOW	DIVORCED	8. DATE OF SIRTH 187	9. AGE (In last-birt		AR IF UNDER 24 HRS. /s Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	WN HOME		or foreign country) RGINIA	U.S.	OF WHAT COUNTRY?
ASHER WEESE		14. MOTHER'S MAIDEN N UNKNOWN	NAME		
I'ves no or unknown) . Iff was own was as dates of secural		NFORMANT EORGE SPIEL	MAN 18628	Address SUSEX DI	ETRIOT, MIC
Conditions, if any, which gove rise to immediate couse (a), stating the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Enterial ONTRIBUTING TO DEATH BUT	Sclero NOT RELATED TO THE TERMI	NAL DISEASE CONDITIE	ON GIVEN IN PART 1(c	10 410 1) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Doy, Year 20d. In Hour a. m.	NJURY OCCURRED 20e. PL. Not white	D. (Enter noture of injury in ACE OF INJURY (Home, farm ctory, street, office bldg., etc.	, 20f. (City or town)	18.) (Coun	ity) (State)
21. I certify that Lattended the decease alive on 19.	ed from 1440 4	accurred at 9 VIII		uses and on the	saw the deceased date stated abave.
PHYSICIAN'S NAME (Type) 2 V 10 P. 220. BURIAL, CREMATION, 22b. DATE THEREOF BUREMOVAL (Specify) SEPT 22 TO5	22c. NAME OF CEMETERY O		22d. LOCATION (City,		(Stote)
23-EUNERAL DIRECTOR'S SIGNATURE	ADDRESS CLEAR SPRING		D 8Y REGISTRAR 24t	PHING MD. REGISTRAR'S SIGNA Intlug & Keau	

The state of the s

1. PLACE OF DEATH

Was

MARYLA	ND STATE DEPAR	TMENT	OF H	EALTH	-BAL	TIMORE,	18			75
1066	CERTIF	ICATE	OF D	EATH			Reg. Di	1. No.	06	74
nington	MARYLA		STATE	ENCE (Whe		d lived. If institut b. COUNTY	ian: Residen	ce befor	re admiss	
utside carporate limits, v est tawn)	c. LENGTH OF STAY IN	11b c.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown							
(If not in hospital, give	street address)		STREET AD	DORESS		træt				IDENCE FARM? NO 📆
First	Middle MAY		Lost PRANK		4. DATE OF DEATH	Mai		12	,	Year 1958
	MARRIED NEVER MARRIED DOWED DIVORCED		of BIRTH	15,18	94	9. AGE (In years lost birthday) 63 yrs.	Months 10	Days	Hours	R 24 HRS. Min.
(Give kind of work done life, even if retired)	Shoe Factory				n foreign o		12. CIT		F WHAT	COUNTRY
			OTHER'S	MAIDEN N	AME					
am Hurd			Laura Marker							
N U. S. ARMED FORCES res, give wor or dates of service		Charle		Spra	nkle	Add Hag	erstor	m,	Md.	
WAS CAUSED BY:	per line for (a), (b), and (c).] Cerebral hem	orrha	ge					INTE	RVAL BE	TWEEN DEATH
DUE TO	· · · · · · · · · · · · · · · · · · ·									

							-			A 0		
t	CITY OR TOWN (If RURAL and give ne	outside carporate limi arest tawn)	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR 1	TOWN (If ou	itside corpo	rote limits, write f	URAL and gi	ve nearest tax	m)
	Hagerst	own		6 days		03 F	lagers	town				
	NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION					d. STREET ADDRESS					e. IS RE	SIDENCE
L	Washington County Hospital					639 N. Locust Street						A FARM?
1	NAME OF DECEASED	Fir	st	Middle		Los		4. DATE OF	Mor		Doy	Year
((Type or print)	BESSIE		MAY		SPRANK	EE	DEATH	Septemb	er	12	1958
5. S	EX 6. COLOR OR RACE 7.					. DATE OF BIRTH			0 1 1 1 1 1		YEAR IF UND	
	Female	White	WIDOW	VED DIVORCE	0 0	October	15,18	94	63 yrs.	Months 2	gys Hours	Min.
10a.	. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	dane 10b	. KIND OF BUSINESS C	OR INDUST	TRY 11. BIRTHPL	ACE (State o	or foreign co	ountry)	12. CITIZ	EN OF WHA	T COUNTRY?
	Sever		1	Shoe Factor	У	Hage	rstow	n, Md			U.S.A.	
13.	FATHER'S NAME		77			14. MOTHER'S	MAIDEN N	AME				
	Will:	iam Hurd						Laur	a Marker			
		IN U. S. ARMED FOR		SOCIAL SECURITY NO		FORMANT			Add			
	no	ir yes, give wor or come or s	2	17-10-2665	Cha	arles E.	Spra	nkle	Hag	erstow	n, Md.	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]										INTERVAL B	ETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage										ONSET AND DEATH	
	442 X DUE TO											ay o
												00 20
	gave rise to immediate										2 %	ears
	lying couse last,											
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY											
CATION	Arteriosclerotic heart disease									PERF	NO P	
<u>=</u>	20g. ACCIDENT WAS LINDERLYING TI 20g. DESCRIBE HOW INTIREY OCCURRED TEnter nature of injury in Part Lor Part II of item 18.3											
1 1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF INJURY	Manth, Day, Ye		NJURY OCCURRED	20e. PLA	CE OF INJURY I	lome, form,	20f. (City	or town)	(Co	unty)	(State)
WED	Haur o. m.	19	While		fact	ory, street, affice	bldg., etc.)					
1 -	21. I certify that I attended the deceased from Sept. 7 19.58, to Sept. ember 7. 58, that I last saw the deceased											
	alive an Sept. 17, 1958, and that death occurred at 9:05 M, fram the causes and on the date stated abave. DATE SIGNED											
	ACTUAL ///A X/											
	signature / (L) /cepmon, M.D. 100 Professional Arts Bldg. 9/13/5											
	PHYSICIAN'S NAME (Type) W1	lliam T.	La	yman, M.D	•	Hage	rsto	wn			Mary	land
220.	BURIAL, CREMATION	N, 226. DATE THEREC	F	22c. NAME OF CEM	ETERY OR	CREMATORY		22d. LOCAT	ION (City, town,	or county)	(Sto	ite)
	Burial	9/15/19	58	Rose Hil	1 Cer	netery		Hage	rstown,	Md.		
31	FUNERAL DIRECTOR'S	sidnature r uneral	Home	ADDRESS	2/1		240. REC'D	BY REGIST	RAR 24b. REGI	STRAR'S SIGN	ATURE	
B	: Franklu			Hagerstown	, Md.		DATE SE	7165	00	- CTUMP		

VS A15 (4) 15M 10/57

Manda and Manda	HYASO TO STADRITHD NEEDE OF DEATH							
			noverticinal and the					
		* * *	The state of the s					
		Ently						
			Marin Life					
	t.11.t		A TEST AND					
	*o. Casaca a H		200					
220	3							
. 6 0 5	100							
		115						
		* 6						

0

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
10665	CERTIFICATE	OF DEATH	

10675

					Kag. Dist.	. 140,
1. PLACE OF DEATH o. COUNTY Washi	ngton	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla		COHNTY	before admission) ington
RURAL and give neares	tside corporote limits, writest town) STOWD	c. LENGTH OF STAY IN THE	c. CITY OR TOWN (If o		Is, write RURAL and giv	ve nearest town)
OR INSTITUTION	of the county of the county of the county		d. STREET ADDRESS 905 Fa	irview Rd	•	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First HARRY	Middle NELSON	ST ICKELL	4. DATE OF DEATH	Month Sept.	Doy Yeor 19 19 58
5. SEX Male 6.	187 lo 4 4 a	ARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH May 21,1902		41.3	YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (during most of working Locomotive	life, even if retired)	ob. KIND OF BUSINESS OR INI V.Md.R.Railroad	DUSTRY 11. BIRTHPLACE (S1010)	or foreign country) ounty, Va.		S.A.
13. FATHER'S NAME	Them Obdales	17	14. MOTHER'S MAIDEN N			
15. WAS DECEASED EVER IN	lter Sticke		Lily Hou	gn	Address	
			rs.H.N.Stickel	L 905 Fai		Hagerstown, Md
PART I. DEATH	WAS CAUSED BY: MEDIATE CAUSE (o) DUE TO which ediote	Hyocerch Monice M	eal Ing	est .	Vision	ONSET AND DEATH A 4//aci
_	SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMI	NAL DISEASE COND	ITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in P	Port I or Port II of ite	ım 18.)	
20c. TIME OF INJURY Hour o. m. p. m.	Wh		PLACE OF INJURY (Home, form, foclory, street, office bldg., etc.		(Co	unty) (Stote)
21. I certify that alive on 9.4. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) S	FARL	The second secon	19 , to 9 , to 9 , to 19 , to	M, fram the cappers (Street, city	causes and an the	ast saw the deceased above. DATE SIGNED
220. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 9/21/58	Rest Haven		22d. LOCATION (Ci		(Stote) Md •
23. FUNERAL DIRECTOR'S SI Rest Haven Fi	GNATURE	ADDRESS 1601		BY REGISTRAR	24b. REGISTRAR'S SIGN	NATURE

When. a. Horst -UPres

MARYLAND STATE DEPARTMENT OF HEALTH-BASTIMORE, 18

1 1,50 THE WINDS b = 5 NAME OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY. * 6g the state of the s funeral director,

OC

I

0

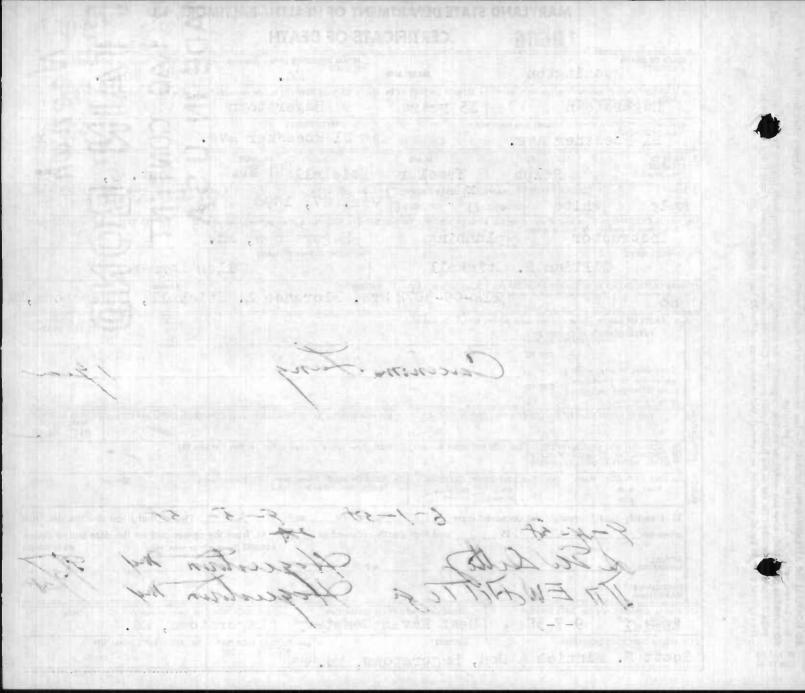
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10676

ALE OF DEATH Reg. Dist. No.	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before adm o. STATE Md. b. COUNTY Wash.	iission)
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to 3 Hagerstown	wn)
/21 Roogener Ave	ESIDENCE A FARM2
Stickell 4. DATE Month Doy Stickell Sept. 5.	Yeor 19 58
Jan. 27, 1890 9. AGE (In years IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR	
DUSTRY 11. BIRTHPLACE (State or foreign country) Hagerstown, Md.	AT COUNTRY?
14. MOTHER'S MAIDEN NAME Ellen Lowman	
Mrs. Florence L. Stickell, Hagers	town,M
INTERVAL ONSET AN	BETWEEN ID DEATH
Lung 14	
UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WA. PERF YES [ORMED?
RED. (Enter nature of injury in Part I or Part II of item 18.)	
PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) (City or town) (County)	(State)
th occurred at M. from the source and as the date of	
	DATE SIGNED
Offer to my	0
MD. Hogerstown my	Zip.
Hogestown my	ZSF ole)
RI	2. USUAL RESIDENCE [Where deceased lived. If institution: Residence before odm o. STATE Md. b. COUNTY Wash. c. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest to Hagerstown d. STREET ADDRESS / 21 ROESSNET AVe. Lost J. DATE OF BIRTH Jeat House Stickell DEATH Sept. 5, B. DATE OF BIRTH Jan. 27, 1890 USTRY 11. BIRTHPLACE (State or foreign country) Hagerstown, Md. 14. MOTHER'S MAIDEN NAME Ellen Lowman INFORMANT ITS. Florence L. Stickell, Hagers INTERVAL ONSET AN INTERVAL ONSET AN LACE OF INJURY (Home, form, actory, street, office bidg., etc.) 12. CITIZEN OF WH. 12. CITIZEN OF WH. 14. MCTHER'S MAIDEN NAME LOST AND Address INTERVAL ONSET AN COUNTY LACE OF INJURY (Home, form, actory, street, office bidg., etc.) And the causes and on the date stock of the causes are caused the causes and on the date stock of the causes are caused the causes and on the date stock of the causes are caused the causes are cause

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or ottending physicion.

O FUNERAL DIFFETOR: After this certificate has been signed by the ottending physician and campletely filled in by page 3 should detached for use as the buriof-transit permit. Then please remove carbon papers. Pages 1 and 2 the registror prior to burial, cremation, or remaval, and in any event within 72 hours ofter depath. may be retoined TO FUNERAL DIP V\$ A1S (4) 1SM 10/S7



	Ttem	22 Film 023	1 9/21/58 gg	IFICA	IE OF DEATH			Reg. Dist. N	0.	
	PLACE OF DEATH O. COUNTY	NGTON		YLAND	2. USUAL RESIDENCE (WHO STATE MARY LAND	ere deceased live	b. COUNTY	Residence be		iion)
	RURAL ond give n	If outside corporate limits, leorest town) TOW	write c. LENGTH OF STATE	IN 16	c. CITY OR TOWN (IF o	outside corporate	limits, write RUR	AL and give n	earest tow	2)
N	d. NAME OF HOSPI OR INSTITUTION ESTERN	TAL (If not in hospital, giv	street oddress) STATE HOSP	ITAL	8324 B	ELAIR	RD.			FARM?
	NAME OF DECEASED (Type or print)	CHAR	LES	•	STURTZ	4. DATE OF DEATH	S'EPTEM		-	Yeor 1958
	MALE	3 A 1 2 2 2 2 2 2	MARRIED NEVER MARR		PRIL 18, 18	88 9.1		Months Days	-	ER 24 HRS. Min.
100		king life, even if retired)	one 10b. KIND OF BUSINESS	OR INDUSTR	11. BIRTHPLACE (Stote	or foreign count	٧)	12. CITIZEN		COUNTRY
13.	FATHER'S NAME				14. MOTHER'S MAIDEN N	NAME				- 17
	Samu	el Sturtz			Lillian V	Vinders				
	WAS DECEASED EV	ER IN U. S. ARMED FORCE (If yes, give wor or dates of serv	ES? 16. SOCIAL SECURITY No). 17. INF	ORMANT		Address	\$		
		ATH WAS CAUSED BY: IMMEDIATE CAUSE (0)_	TERMINA		ONCHOPNEV.	MONIA		01	TERVAL BE	DEATH
	Conditions, if of gove rise to couse (o), stoting lying couse lost.	immediate (DUE TO	CARCINIM	9 OF	RECTUM			3	SYEI	PRS
CERTIFICATION		.) (c). HER SIGNIFICANT COND	ITIONS CONTRIBUTING TO D	EATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CO	NOTION GIVEN	I IN PART 1(o)	19, WAS PERFO YES	RMED?
	200. ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING DEATH MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY	OCCURRED.	(Enter noture of injury in f	Port I or Port II o	f item 18.)			
MEDICAL	20c. TIME OF INJUI Hour o.m. p. m.	RY Month, Day, Year 19	20d. INJURY OCCURRED While Not while of work at work	20e. PLAC facto	E OF INJURY (Home, farm ry, street, office bldg., etc.	, 20f. (City or t	own)	(Count	r)	(State)
	21. 1 certify the alive an S		deceased fram <u>AVG</u> , 19 <u>58</u> , and tha		accurred at 10.25 F	M, fram th	e causes and	d an the d	ate state	
		R.G. BER	CV		HAGEDS	TOLL A		M DI	7// 0	4-1-5 A/D

220. BURIAL, CREMATION, 22b. DATE THEREOF 9/20/58

22c. NAME OF CEMETERY OR CREMATORY Parkwoo

22d. LOCATION (City, town, or county)

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

240. REC'D BY REGISTRAR
SEP 1 9 '58

Baltimore, Maryland ISTRAR 246. REGISTRAR'S SIGNATURE 158 Orthun S. Kraus

VS A15 (4) 15M 9/55

TO HOSPITAL OR TO FUNERAL DIE page 3 should the registrar pri

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

*TOR: After this certificate has been signed by the attending physician and campletely filled in b detached far use as the burial-transit permit. Then please remove corbon papers. Pages 1 and to burial, cremation, ar removal, and in any event within 72 hours after death.

0

ar attending physician.

Acquire and

VS A15 (4) 15M 10/57 10668 CERTIFICATE OF DEATH

Reg. Dist. No.

1	()	6	3	8
		_	_	_

1. PLACE OF o. COUNT			MARYLAND	2. USUAL RESIDENCE o. STATE Mar	(Where deceased	l lived. If instituti b. COUNTY	on: Residence I	before odmis	sion)
RURAL	R TOWN (If outside corporate li and give nearest town) gerstown	mits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Regerstown				n)	
d. NAME (OR INS	OF HOSPITAL (If not in hospitol UTUTION Washington Cou	give street	oddress) ospital	d. STREET ADDRES	s Avenu	10	THE R	ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or p		First	Middle C. L.	Summers	4. DATE OF DEATH	Mon Sept		Doy	Yeor 19 58
5. SEX	1	E 7. MAR	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 7/20/187	5	9. AGE (In years last birthdoy) yrs.	Months Do		ER 24 HRS Min.
10o. USUAL C during m	OCCUPATION (Give kind of wor ost of working life, even if retir Retired	ed)	kind of Business or Indu		rick Co.		12. CITIZEI	N OF WHAT	
13. FATHER'S	NAME			14. MOTHER'S MAID	EN NAME			- 7	
	Joshua Summe	ers		Mary E	lizabet	th Leat	hermar	1	
15. WAS DEC (Yes, no. or unkn				informant : John Bu	ssard,	Middle	town,	Md.	
	SE OF DEATH [Enter only one ART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE		carcinoma F	rostate				INTERVAL BE	
17	7X DUE	o	Intestinal	Obstruction	& perit	onitis	Facility		ys
	ons, if any, which	(b)							
couse (o), stoting the under-	(c)							
2	Chronic 1	Bronch	nial asthma				EN IN PART 1(PERFC	AUTOPSY DRMED?
OR CONT	IDENT WAS UNDERLYING TRIBUTING CAUSE OF DEAT R, NOTIFY MEDICAL EXAMINER	HI	None	D. (Enter noture of injury	y in Port I or Port	Il of item 18.)			
	OF INJURY Month, Day, Yor o. m. p. m. 19	While	Not while to	ACE OF INJURY (Home, ctory, street, office bldg.	form, 20f. (City, etc.)	or town)	(Cour	nty)	(State
21. 1 ce	ertify that I attended th	e deceas	ed fram Oct.	. 19.39. ta	Sept.	23 19 58	that I last	t saw the	decens
alive a			58_, and that death						
ACTUAL	S. Rober	1 he	ello			eet, city or town,		D	ATE SIGN
PHYSICIA NAME (T)	N'S S. Robe	ert We	lls, M.D.			, Maryla	nd		
220. BURIAL, REMOVAL	CREMATION, 22b. DATE THER		Reformed Co		22d. LOCAT	letown,	or county)	(Sto	le)
	DIRECTOR'S SIGNATURE		ADDRESS		SEP 2 6		STRAR'S SIGNA	TURE TOPOL	

			and the same	190
Trend to			and a	
			5.45	
				,
bit Teo and the				
	d apple 3			
odnistin, dis	A MODILE TO SERVICE A SERV			THE STATE OF THE S
	Aming in	in one till i		TOTAL STATE
	Application of the second of t	inonotii a		
	Ampalenta Talifaria Talifaria Talifaria Talifaria Talifaria	Idonosti s		
	Application of the second seco			
	Amportantal Amport			

M

10669 **CERTIFICATE OF DEATH**

Reg. Dist. No. 302

1. PLACE OF DEATH o. COUNTY Washing to	on	MARYLAN	II O STATE		We COUNTY	Residence before	re admission)
b. CITY OR TOWN (If outside RURAL and give negrest to Ha. ers tow	wn)	c. LENGTH OF STAY IN 1		N (If outside corpo erstown	rote limits, write RUR		irest town)
d. NAME OF HOSPITAL (If no OR INSTITUTION Wash. Cou.	nty Hospital		/ d. STREET ADDI		rch Road		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First CHARLOTTE	Middle LOUISE	URGO	4. DATE OF DEATH	Month Septen	mber 10	
	White widow	RIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH June 21	1907	9. AGE (In years IF		IF UNDER 24 HRS. Haurs Min.
10a. USUAL OCCUPATION (Give during most of working life, Housewife	e kind of work done 10b. even if retired)	Own Home	Brook	l yp King		12. CITIZEN O	F WHAT COUNTRY?
13. FATHER'S NAME	Manage		14. MOTHER'S MA		ط وابد ال		
Lewis 15. WAS DECEASED EVER IN U.		SOCIAL SECURITY NO. 11	7. INFORMANT	riett Wr	Address		
	war or dates of service)	85-05-0552	Joseph F	Urgo H	agerstow		#5
Conditions, if ony, whi gave rise to immedic case (o), stating the und lying cause lost.	DUE TO One One (b) One (c) (c)	there & (Serebra	lane	wys	m /1	s days
CATIC		CONTRIBUTING TO DEATH				IN PART 1(o) 1	PERFORMED? YES NO
200. ACCIDENT WAS UNDER OR CONTRIBUTING CAU	RLYING [] 206. DES ISE OF DEATH LL EXAMINER)	CRIBE HOW INJURY OCCU	RRED. (Enter nature of inj	ury in Port I or Port	II of item 18.)		
20c. TIME OF INJURY Mon Hour o. m. p. m.	th, Day, Year 20d. II 19 While of wor	Not while	PLACE OF INJURY (Hom foctory, street, office blo	e, farm, 20f. (City lg., etc.)	or town)	(County)	(Stote)
21. I certify that I a alive an 9.9.5 a ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) S.	Ear Voun	and that dec	ath accurred at 9	ADDRESS (St	the causes and reet, city or town, sto	d on the dat 101e)	DATE SIGNED
220. BURIAL, CREMATION, 22b BURIAL (Specify) 9	/13/58	Rest Have	n Cemeter		ION (City, town, or o	· ·	(State)
23. FUNERAL DIRECTOR'S SIGNA		ADDRESS		REC'D BY REGIST	RAB 24b. REGISTR	AR'S SIGNATUR	

representation of the Co. S. S. S. September 1981 1984 1984 1984 Language transport of the property of the prop AN Destroyal halloo A menths

CERTIFICATE OF DEATH

		1	U	U	8	۱
Diet	Ma					

	10670	CERTIFICA	ATE OF DEATH	1	Reg. Dist. No.
)	1. PLACE OF DEATH O. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If institutio b. COUNTY	on: Mesidence before admission) Franklin
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF o	outside corporate limits write RU	77- 1
	d. NAME OF HOSPITAL (If not in hospital, give street GALLOCK Memorial Conv.	Hospital	d. STREET ADDRESS 231 N.	Allison ST.	e. IS RESIDENCE ON A FARM? YES NO
			VARNER	4. DATE OF DEATH Sept, Month	29 1958
	5. SEX 6. COLOR OR RACE 7. MAR White WIDOW 100. USUAL OCCUPATION (Give kind of work done) 10b		Feb. 4, 18	13 lost birthday) 85 yrs.	Months Days Hours Min.
1	during massfor working life, even if retired) HOUSE KEEPEN 13. FATHER'S NAME	Home	Mear Sh	ppensburg, Pa	12. CITIZEN OF WHAT COUNTRY?
1	Henry Varner		Jane K	russeL	
	15. WAS DECEASED EVEN IN U. S. ARMED FORCES? 16. (Yes. no. or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17.	Mmert Vari		nallison ST.
	18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (9)	ine for (a), (b), and (c).]	à Cardia	vascular of	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate (b)				
	Lying couse lost. DUE TO	CONTRIBUTING TO SELECT			
)	PART II. OTHER SIGNIFICANT CONDITIONS 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				PERFORMED?
		SCRIBE HOW INJURY OCCURRE			
	20c. TIME OF INJURY Month, Doy, Year Mole Hour o.m. 19 While of wor	Not while	ACE OF INJURY (Home, form clory, street, office bldg., etc.	, i 20f. (City or town)	(County) (State)
	21. I certify that I attended the decease alive on 19.5	sed from All L	occurred at 8:417		that I last saw the deceased
	ACTUAL SIGNATURE MAJORINE	es -		ADDRESS (Street, city or town,	
	PHYSICIAN'S W. O. Bree	user			// / / / / / / / / / / / / / / / / / / /
	220. BURIAL, CREMATION, 226. DATE THEREOF BUria (Specify) 10/2/58	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City. town, or Treeneas	11 0
	23. FUNERAL DIRECTOR'S SIGNATURE	Greencaste	Pa Pa DATE CT	D BY REGISTRAR 24b. REGIST	TRAR'S SIGNATURE

VS A15 (4) 1SM 9/5S

CERTIFICATE OF DEATH and the second s Total Chine on the second party of Walter Sold Sold TORREST THE PROPERTY OF THE PR Biblioglass with let rather the depart of the set N SS (NE) Was been so a fleet N, ≥ 1000, To 2000

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Pan	Dist	No	

10681

	10671					Reg. Di	st. No.	
o. COUNTY	Washington	MARYLAND	2. USUAL RESIDENCE (Where decedyland	sed lived. If institu b. COUNT		nce before	
and give nearest tow	If outside corporate limits, write RURAL wn) *Stown	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (I		porate limits, write	RURAL and	give nec	prest town)
d. NAME OF HOSPI	ITAL OR INSTITUTION (If not in hainington County H	ospital, give street oddress)	d. STREET ADDRESS R # 6					IS RESIDENC ON A FARM YES NOT
3, NAME OF DECEASED (Type or print)	First Ira	S Middle Web	lost	4. DATE OF DEATH	Mont		22 ^{Doy}	Year 19 58
5. SEX Male	6. COLOR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED B	Dec . 23,189	6	9. AGE (In years lost birthday) 61 yrs.	IF UNDER Months		
during most of work	ION (Give kind of work done 10b ing life, even if retired) ed Farmer	Farming	Wash. C			12. CITI	ZEN OF USA	
13. FATHER'S NAME Ben	jamin Weber		14. MOTHER'S MAIDEN Anna M					
15. WAS DECEASED E (Yes, na, or unknown)	VER IN U. S. ARMED FORCES?		Mrs. Leah We	ber- I	R # 6 Ha	gerato	own,	Md
PART I. DE/ 902.0 Conditions, if gove rise to imm (a), storing the couse lost.	underlying DUE TO (c)	Open Fracture Multiple fract Laceration ofl Fracture Synth Hemorrhage and	cure of ribs cung lesis Pubis l shock				4hr	and death 's 45Min
PART H. OT	THER SIGNIFICANT CONDITIONS None	CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERM	AINAL DISEAS	SE CONDITION GIV	EN IN PART		PERFORMED?
20g. EXTERNAL CAPRIMARY AS or CO	AUSE WAS 206. DESCR	BE HOW INJURY OCCURRED. (E				ing		
20c. TIME OF INJU	. 01 00159 WI	I. INJURY OCCURRED 20e. PLACE facts work of work	CE OF INJURY (Home, formory, street, office bldg., etc. Home	c.)	y or town) Rural Hag	(Cov		(State)
	that I took charge of the resulted fram: Natural Poleci I De S. Robert We	causes [], Accident [Hamicide EXAMINER CAL EXAMINE	Undete		nanner	orest town) IS RESIDENCE ON A FARM YES NOW 19 58 IF UNDER 24 He Hours Min. WHAT COUNTY A Md VAL BETWEEN A MG VAL BETWEE
REMOVAL IST CIT		22c. NAME OF CEMETERY OR Reiff Cemete	ry	Ne	TION (City, town, ar Cearfo	88	Wash	(SMa)
23. FUNERAL DIRECTO		astle, Pa		P 2 6 '5		STRAR'S SIG		

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be formarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for exercise.

TO FUNERAL DICTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Book or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

21

MACCINEND STATE DESCRIPTION OF HEALTH HARTIMORE TO

not architected made in			word in Life and	
	Punjo birth and It			
		Tillegran	stance not in	
55 . 1992				
				-146
	. Mega. Mou.cy.	To Lord S		
			Street of	
Min and trains of	Revised to Lead 1 and		76 76	oll
	These of	Open Franti		
	with to states			
		and the post		
partitud a	w July they wanteen	M TANKEN		
dest internation tes			5	
State of the state		1.0.1 acta	freedyn . 8	
			201	
		T. Com	maeto Belin	Bur Hillor

Ces	T.	2		1
F	10	3.5	Be	1
× 15	erc	ne	e	5
ela	fun	to	Sto	Jeo
PA	he	9	Pe e	PF
5	0	٥	4	30
Marie may	3	na)	-	32.5
÷	Pu	5	2	2
ded	0	ge	Pyr	42
2	Z	9	6	5
off	(SS	E.	6	王
20	8	PR	pd	2
20	9	F	9	gye
24	5	fo	Œ	E
his.		With	:=:	0
THE SE	2	D	E	70
P	ea	200	d	Š
R	-	0	Sil	1
Xe.	=	Fic	roi	8
*	PACI	Ö	0	E
-03	a	120	JAC	20
120	.5	ine.	0	3,0
ST	60	E	80	HO
ote	Poli	EX	Pa	OE
ific	De	CO	63	9
ert	70	edi	be	-
is o	10	Z	P	2710
E	0	ie	hot	مّ
2	#	Ü	3	10
Z	100	he	96	io
AN	1	0	0	0
EX	e,	P	ä	ent,
74	CO	pro	210	60
S	E			P
63	cer		ã	101
2	he	be	AL	Ö
5	0	0	ER	des
EP	5	hot	S	90
0	ex e	4 should be for anded to the Chief Medical Examiner's Office along with form/PM3. Page 5 may be retained for the	-	20
25 TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess			1 M TO FUNERAL D. CTOR: Page 3 should be used as a burial-transit permit. File pages and 2 with the State Bo	
VS.	A	15/	ИE	
51	W.	2/5	7	

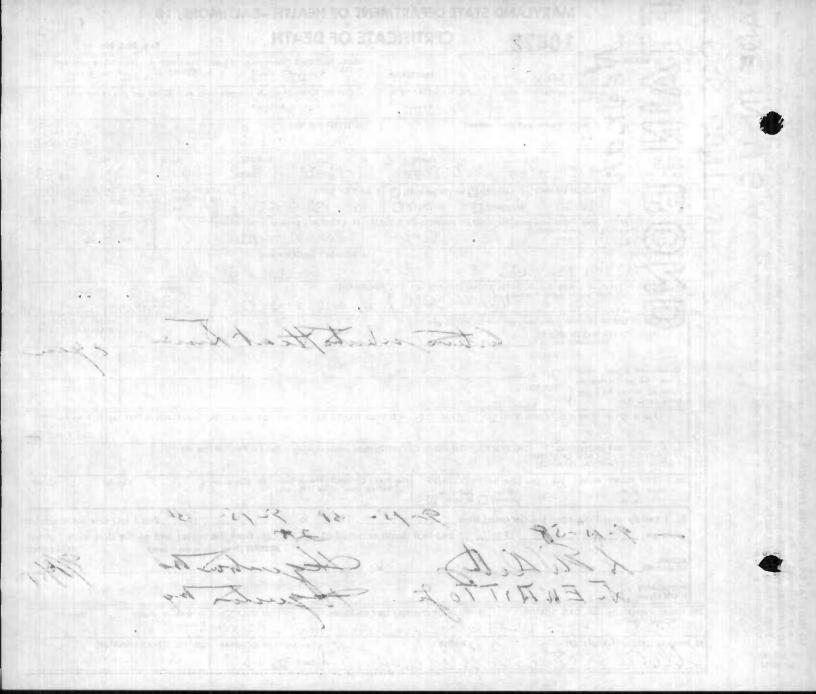
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10682

	10000							Reg. Dist.	. No.	
1, PLACE OF DEATH o. COUNTY Wa	10693 shington		MARYLAN		d. STATE Mary		ed lived. If institu b. COUNT			nission)
and give neggest lown	foutside corporate limits, write R	URAL C	LENGTH OF STAY IN 1	Ь	c. CITY OR TOWN (IF		orote fimits, write	RURAL and g	ive neorest to	own)
d. NAME OF HOSPIT	2	not in hospita	ol, give street oddress)		d. STREET ADDRESS	2 # 2			ON	RESIDENCE LA FARM?
3. NAME OF DECEASED (Type or print)	Edgar		James		Weller	4. DATE OF DEATH	Month Sept	-		Year 19 58
Male	2.77 . 0 4.	MARRIED	NEVER MARRIED DIVORCED		TE OF BIRTH 22.1900	0	9. AGE (In years the ball of t	Sonths 2	EAR IF UNI	
0e. USUAL OCCUPATION during most of workin Laber	ON (Give kind of work do ng life, even if retired)		o of Business or Ind Orchard	USTRY	11. BIRTHPLACE (Slote) Washingto				S.A.	
13. FATHER'S NAME				14	MOTHER'S MAIDEN N					
Albe	rt L Welle	r			Hester Y	ounke	r			
15. WAS DECEASED EV	ER IN U. S. ARMED FORCE (If yes, give war at dates of ser		8-01-1855		RMANT S Della We	eller	Address Rural	2 Han	cock	Md.
976 X Conditions, if or gove rise to immed (a), stating the couse last.	diote couse			ge 8	and shock	(sho	tgun J ^{eg}	lary ion	(o) 19. WAS	nin
PART II, OTH	USE WAS 20b.		OW INJURY OCCURRED). (Enter	noture of injury in Port	l or Port II	ol item 18.)	4	YES [NO Z
20c. TIME OF INJUI	RY Month, Day, Yeor	While	URY OCCURRED 20e.	PLACE (est with I of INJURY (Home, form, street, office bldg., etc.)	20f. (City	or lown)	County cock		(State) Md
	nat I taok charge of resulted from: No					-	spection 2/	Inquiry mined ma		nd in my
ACTUAL SIGNATURE	8, Role	x L	uells	M	.D. CHIEF MEDICAL EXA	_			DATE	SIGNED
EXAMINER'S NAME (Type)	s. R	obert	Wells, M	1.D	ASSISTANT MEDICAL DEPUTY MEDICAL E	XAMINER Z		9	-17-5	8
REMOVAL (Specify) Burial	9.19.50		tone Brid		Cemetery		ION (City, town, o		(Sie hingt	•
3. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	Q v	240. BEC'D	2 3 '58	AR 24b. REGIS	TRAR'S SIGNA	ATURE	

			THE PARTY OF
	GURL * NUI		
* 1 3 1 9	Canada versirligani	\$42.4540	to fall
	Markey Westell	1102	SW A prodice
	family malls warful as		

	1,0044				Keg. Dist. No.
1.	PLACE OF DEATH COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla	ere deceased lived. If institution b. COUNTY	Washington
]	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16 40 yrs.	c. CITY OR TOWN (IF or of Bagersto	utside corporate limits, write RU	URAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street or institution 2401 Virginia Ave.	oddress)	d. STREET ADDRESS	ginia Ave.	e. IS RESIDENCE ON A FARMA- YES NO-N
3.	NAME OF First DECEASED (Type or print) Charles	Gilbert	Wigfield	4. DATE Mont OF DEATH Sept	
	SEX 6. COLOR OR RACE 7. MARR White WIDOWE	ED DIVORCED	B. DATE OF BIRTH Dec. 24 18	91 lost birthdoy) 66 yrs.	Months 2 1 YEAR IF UNDER 24 HRS.
M	(4 T T T O O T T T T T O O T T T T T T T	Pa. Railroad	Pennsly		12. CITIZEN OF WHAT COUNTR
3.	FATHER'S NAME		14. MOTHER'S MAIDEN N		
	Wilson Wigfield			nda Hiles	
5. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	17 07 9260 M	nformant rs. Leila W	2401 igfield Hage	"Va. Avec erstown Marylar
	18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	te for (0), (b), and (c).]	lento He	et Dive	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which (b)		- NB		1 gen
	gove rise to immediate couse (a), stating the <u>under-lying couse last.</u> County (c)		24-2	*	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVE	EN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO [2]
CERTIF	200. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	art I or Port II of item 18.)	
MEDICA	20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour o. m. 19 While of work	Not while for	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that I attended the decease		- , 195 A, to	2-1454	that I last saw the decease
	olive on 7 - 17 - 19	and that death	accurred a	M, from the causes at	nd an the date stated abov
	ACTUAL SIGNATURE SIGNATURE		M.D. OK	DDRESS (Street city or lown,	stote) DATE SIGNE
	PHYSICIAN'S SEWAIT	Toh	They	who my	/-/3/
20	Burial, CREMATION, 22b. DATE THEREOF Burial Sept. 17-58	Rest Haven		22d. LOCATION (City, town, of Hagerstown	
-	FUNDEDAL MISSESTADIS ALCOHOLIST	a manifestar a sec-	4 4 4		



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4

by the hospital or attending physicion.

[708: After this certificate has been signed by the attending physician and campletely filled in by detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 to burial, cremation, ar removal, and in any event within 72 hours after death.

TO FUNERAL DIMETER DISTRICT PAGE 3 should deliber the registrar prior the

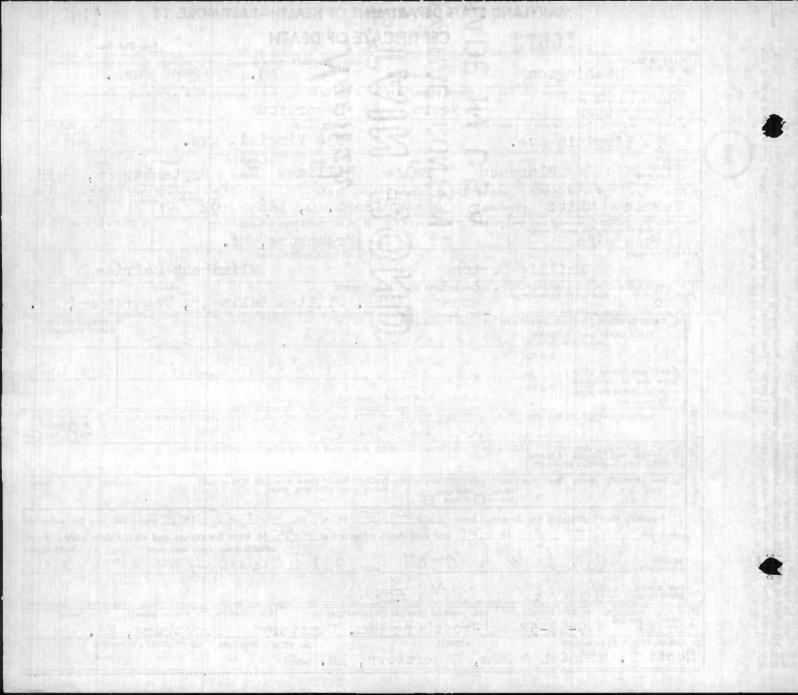
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-

11	OF	HEALTH-BALTIMORE,	18	10684
-	OF	DEATH		1000

0673	CERTIFICATE	OF DEATI
.0040		

7.0042	OLK III I G	TIE OF BEATTI	Reg. Dist.	No.
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where deceased I	ived. If institution: Residence I b. COUNTY Wash	
b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If oulside corporo	te limits, write RURAL ond give	nearest town)
d. NAME OF HOSPITAL (If not in hospital, give son institution 830 Virginia Ave.	treet address)	d. STREET ADDRESS / 836 Virginia	Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) First Flore	Middle	Williams 4. DATE OF DEATH	September :	26, Yeor 26, 1958
0 2 1 1 1 1	MARRIED NEVER MARRIED DOWED DIVORCED	Sept. 6, 1866	AGE (In years lost birthday) Months Do	EAR IF UNDER 24 HRS. bys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife	10b. KIND OF BUSINESS OR INDU	Frostburg, Md.		N OF WHAT COUNTRY
13. FATHER'S NAME	7)1	14. MOTHER'S MAIDEN NAME	-1 -1 -1 -1 -1	2
Phillip			abehh McBri	a e
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) [(It yes, give wor or dates of service)])	rs. William Kallm	yer, Hagers	town, Md.
18. CAUSE OF DEATH [Enter only one couse part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (a), (b), and (c).]	Coscular 60	colour !	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause lost. (b) DUE TO	due to	general of Cen	ebral	24h
PART II. OTHER SIGNIFICANT CONDITION 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER)	i Vii - lulas	NOT RELATED TO THE TERMINAL DISEASE (PERFORMED? YES NO -
	. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Part I or Part II	l of item 18.)	
Hour o. m.	20d. INJURY OCCURRED 20e. PL While Not while fo It work 0t work	ACE OF INJURY (Hame, form, 20f. (City o clory, street, office bldg., etc.)	r town) (Cour	nly) (Stote)
21. I certify that I attended the decadive an Sept 25.		22/10	the causes and an the causes and an the cet, city or town, stote)	
PHYSICIAN'S Folivieze	w. Ditto III	MD		
220. BURIAL, CREMATION, 22b. DATE THEREOF burial 9-29-58		Mem. Cemetery	Frostburg, 1	(Stole) Md •
23. FUNERAL DIRECTOR'S SIGNATURE Scott F. Minnich &	Son, Hagerston	vn, Md. DATSEP 3 0 '58	ar 246. REGISTRAR'S SIGNAL S. H.	



0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10674 CERTIFICATE OF DEATH 10685

	24002				Reg. Dist.	No.000
1. PLACE OF DEATH o. COUNTY Washi:	ngton	MARYLAND	2. USUAL RESIDENCE (WHO A STATE LATYLAND	ere deceosed lived.	If institution: Residence county shing ton	before admission)
b. CITY OR TOWN (RURAL and give n Hager	(If autside corporate limits, when the corest town)	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	- Carlotte	its, write RURAL and giv	e nearest tawn)
	ITAL (If not in hospital, give:	street oddress)	d. STREET ADDRESS	ilford	Ave	e. IS RESIDENCE ON A FARM? YES NO A
3. NAME OF DECEASED (Type or print)	ANNA	Middle LOUISE	ZELLER	4. DATE OF DEATH	Month September	Day Year 13 1988
5. SEX Female	White w	MARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH June 13 189	O 6	1 1 1 1	YEAR IF UNDER 24 HRS. Pays Hours Min.
10a. USUAL OCCUPATI during most of war Salesla	rking lite even it retired)	10b. KIND OF BUSINESS OR INDU adies Clothes	Hagers tov			EN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN N			
Bruce	Scott Zell	er	Mary (C. Zelle	r	
15. WAS DECEASED EVI Yes, no, or unknown)	ER IN U. S. ARMED FORCES' (If yes, give wor or dates of service	2 16. SOCIAL SECURITY NO. 17. 214-09-3269 M	rs Virginia Hagerstown		Address h 809 Gui	lford Ave
Conditions, if a gove rise to cause (o), stoting lying cause lost.	ony, which immediate the under-	rcinoma of the		NAL DISEASE CONI		Enger and Death Inder Inite
CR CONTRIBUTING	G CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in F	Part I ar Part II of i	em 18.)	PERFORMED?
O (IF EITHER, NOTIFY 20c. TIME OF INJUI Hour o. m. p. m.	RY Manth, Day, Year	20d. INJURY OCCURRED While Not while for work from the control of work from the control of the	LACE OF INJURY (Home, form actory, street, affice bldg., etc.	20f. (City or tow	n) (Cou	unity) (Stote)
	hat I attended the deept. 11	19 58 , and that deat		M, from the ADDRESS (Street, city Washin	causes and on the	st saw the decease date stated above DATE SIGNE 9/15/58
220. BURIAL, CREMATIC REMOVAL (Specify Burial	ON, 226. DATE THEREOF 9/16/58	22c. NAME OF CEMETERY C	R Cemetery	22d. LOCATION (C	ity, town shounty Co	Md (Stote) erstown
23. FUNERAL DIRECTOR		ADDRESS	24a. REC'I	BY REGISTRAR	24b. REGISTRAR'S SIGN	
andrew	K. Coffman	Hagerstown Md	DATEF	1 8 '58	Outling 8 4	

may be retained by the haspital ar attending physician.

TO FUNERAL C. CTOR: After this certificate has been signed by the attending physician and campletely filled in b page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and the registrar priar to burial, cremation, ar remayal, and in any event within 2 have after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour VS A15 (4) 15M 9/55

THE STATE OF THE S	
Seller I age to get the	
•	
Selficial transfer	SO S Welling